

FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.00

FILED

Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V15807 (3)
1. Corporation Name
GOLD COAST PRECISION DENTAL LABS, INC.



Principal Place of Business: 925 INTRACOASTAL DR. FT. LAUDERDALE FL 33309 US
Mailing Address: 925 INTRACOASTAL DR. FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2114 N. University Dr. Sunrise, FL 33322
2a. Mailing Address: 2114 N. University Dr. Sunrise, FL 33322
3. Date Incorporated or Qualified: 02/21/1992
4. FEI Number: 65-0311515
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
ARAFET, ALFREDO M.
925 INTRACOASTAL DR.
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent
81 Name: SANDRA E. ARAFET
82 Street Address (P.O. Box Number is Not Acceptable): 13761 NW 22 ST
83 City: SUNRISE, FL 33323
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: Alfredo M. Arafet (President) Sandra E. Arafet 2/3/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	0	<input type="checkbox"/> DELETE
NAME	ARAFET, ALFREDO M.	
STREET ADDRESS	11680 NW 41ST ST.	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARAFET, SANDRA E. (SANDRA)	
1.3 STREET ADDRESS	13761 NW 22 ST	
1.4 CITY-ST-ZIP	SUNRISE FL	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARAFET, ALFREDO M.	
2.3 STREET ADDRESS	13761 N.W. 22 ST	
2.4 CITY-ST-ZIP	SUNRISE FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfredo M. Arafet 2/11/98 925 INTRACOASTAL DR. FT. LAUDERDALE FL 33309

CR2E034 (10/97)