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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

DENTECH LABS, INC.

Principal Place of Business

3707 SW 1 STR

MIAMI FL 33134

Mailing Address

3707 SW 1 STR

(3)

98 JUL 29 AM 8: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| US US | | MIAMI FL 33134 US | | | | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/02/1992 | | | | |
|---|--|---|------------------|---|-----------------------|---|--------------------------------|------------------------|--|--|
| | | 2a. Mailing Address | | | | 4. FEI Number Applied For | | | | |
| 21 | | | | | | 65-0318519 | ⊢ + | lot Applicable | | |
| 22 | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 5. Certificate of Status Desired See Required | | | | | | |
| 23 | City & State | City & State | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| 24 | Zip Country 25 | Z ip 29 | Coun' | 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. | | | | | | |
| | 9. Name and Address of C | urrent Registered Agent | | | | 10. Name and Address of New Registered A | gent | | | |
| ENNIS-VOLCY, WENDY, ESQUIRE 8401 S.W. 87TH AVENUE SUITE 200 MIAMI FL 33173 | | | | 32 | Name Street Addres | t Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | Ē | 33 | | | | | | |
| | | | E | 34 | City | FL- | 85 Zip | Code | | |
| 11. | Pursuant to the provisions of sections 607 office or registered agent, or both, in the agent. I am familiar with, and accept the | State of Florida. Such change w | vas authorized l | b∨ t | the corporation | tion submits this statement for the purpose of chan's board of directors. I hereby accept the appoint | inging its r timent as r | egistered egistered | | |
| SIG | SNATURE | | | | | | | | | |
| 40 | | Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECT | ORS IN 12 | | | | |
| TITLE | : ∣ก | l beiere | e 11776 | = | | | ~ · | 1 1 | | |

| SIGNATURE | | | | |
|----------------|--|--------|------------------------------------|---|
| | Signature, typed or printed name of registered agent and title if applicable | (NOT | E: Registered Agent signature requ | ** |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | Change Addition |
| NAME | VOLCY, CHARLES | | 1.2 NAME | 9000026066594 |
| STREET ADDRESS | 3707 SW 1 STR | | 1.3 STREET ADDRESS | 90002606 6 594 -08/04/98 0 1049014 |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | ****150.00 ****150.00 |
| TITLE | 0 | DELETE | 2.1 TITLE | Change Addition |
| NAME | varona, antonio | | 2.2 NAME | |
| STREET ADDRESS | 3707 SW 1 STR | | 2.3 STREET ADDRESS | <u>.</u> |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 3.1 TITLE | Change Addition |
| NAME | | | 3.2 NAME | - · - |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 4.1 TITLE | Change Addition |
| NAME | | | 4.2 NAME | - - , — |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZI | | | 4.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 5.1 TITLE | Change Addition |
| NAME | | | 5.2 NAME | ` |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Δ |
| TITLE | | DELETE | 6.1 TITLE | MB Change√ Addition |
| NAME | | | 6.2 NAME | $\mathcal{I}_{\mathcal{N}}$ |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-7IP | | | 64 CITY-ST-7IP | / Y O |

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 angular proof 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 factories of the corporation or the factories of the supplemental angular property of the supplemental angular proper

DENTECH LABS, INC

3707 S.W. First Street
Miami, Florida 33134
Telephone (305) 461-1530
e-mail: Shade Tab@AOL.com

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Ms. Mortham,

I received your 2nd notice for our 1998 Profit Corp Annual Report. Unfortunately we did not receive the first notice and because of this we did not file. In all the years this company has been in business we have never filed late. Recently our company had to close our checking accounts due to the U.S. Postal Service loosing 10 checks sent to different creditors so I know first in our what can happen with the postal service. I called your office today and spoke to a lady named Wendy, she was very understanding and instructed us to write this letter informing your office regarding the lost report.

Enclosed you will find a check in the amount of \$150.00 for the annual fee. We do not fee that we should be penalized if the report is not received by the apropiate time. We hope that this will not happen in the near future.

Thank you for your understanding in this situation.

Respectfully yours;

Charles A. Volcy President