FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V66774

(3)

MONGALO AND TERAN DENTAL CLINIC, INC.

Principal Place of Business Mailing Address					1				
1450 W FLAGL MIAMI PL 3313 US		C/O MONGAZO & ASSOCIATES P.A. 1450 W. FLAGLER ST. MIAMI FL 33135-2209 US							
					3. Date Incorporated or Qualified 09/28/1992	3a. Date of Last Report 03/11/1996			
2. Principal P	Place of Business	2a. Mailing Address 26	 			4, FEI Number 65-0358257	Applied For Not Applicable		
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	S \$8.75 Additional Fee Required		
City & Stat	te	City & State	⊢ ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	25 29 30		Oountry		B. This corporation has liability for intangible tay under s 199.032, Florida Statutes			
	g. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	istered Age	nt	
TER	ian, ade la			81	Name				
	0 W FLAGLER STREET MI FL 33135				Street Addr	dress (P.O. Box Number is Not Acceptable)			
			Į	83					
				84	City		FL 8	5 Zip	Code
11. Pursuant office or agent I a	to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob	1502 and 607.1508, Florida Statuate of Florida. Such change was ligations of, Section 607.0505, F	ites, the ab authorized lorida Stati	jove i by utes	o-named corp the corporat a.	poration submits this statement for the pation's board of directors. I hereby acception's	urpose of cha t the appoint	anging it ment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered	accord and title if producable (NO	ITC: Booleigrad		on cionel vo comb	red when reinstating)	DATE		
12.		AND DIRECTORS	13.	- tgc	organization to to to	ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE			7.007.0707.11.1102.070.0717.0		Change	Addition
NAME	MIERISH, OTTO		1.2 NA	ME	,				
STREET ADDRESS	1450 N. FLAGLER ST.			1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33125		1.4 CH	Y-S	T-ZIP				
TITLE	VD	☐ DELETE	2.1 TIT	LE				Change	Addition
NAME	TERAN, ADELA		2.2 NA	NAME					
STREET ADDRESS	1450 N. FLAGLER ST.	23		2.3 STREET ADDRESS					
CITY-ST-ZIP	MLAMI FL 33125	IAMI FL 33125		2 4 CHY-ST-ZIP					
TITLE		DELETE		3 1 TITLE			Ш	Change	Addition
NAME			32 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-ZIP			Change	Addition
NAME		End Dettil	4 P N/				u	Stratific	FROUGUIT
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.3 SH 4.4 CH						
TITLE	1, 11	DELETE	51 Til		1- 421		П	Change	Addition
NAME			5 2 NA				_	.0-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				5.4 City-St-ZIP					
TITLE				1 TOLE				Change	Addition
NAME			6.2 NA	Μŧ				-	
STREET ADDRESS			•		ADDRESS				
CITY-ST-ZIP			6.4 CIT						

14. I do 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 supplier tal annual report is true and accurate and that my signature shall have the same logal 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 cynnics, or on abuttachment with an address.

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FILED

May 12 1997 8:00am

Secretary of State