**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90073 038 \*\*\*150.00

## DOCUMENT # **V66774**

1. Corporation Name

MONGALO AND TERAN DENTAL CLINIC, INC.

Principal Place of Business  1450 W FLAGLER STREET  US  1450 W FLAGLER ST.  MIMM FL 33130  US  2. Principal Place of Business  2. Mailing Address  2. Mailing Address  2. Mailing Address  3. Date incorporated or Qualified 199/28/1992  2. Principal Place of Business  2. Mailing Address  2. Mailing Address  2. Mailing Address  3. Date incorporated or Qualified 199/28/1992  3. Date incorporated or Status Desired 1	1450 W FLAGL MIAMI FL 3313	ce of Business	Mailing Address						. <b>9</b> .1818   Pairs Barrier			
MAMI FL 33130  ISS  MAMIFL 33130  ISS  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  O9/28/1992  4. FEI humber  65-03558257  IN Applied    65-03558257  IN Applied    65-03558257  IN Applied    Fee Required  City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  23    Zip  Country  24    Zip  Country  25    Zip  Country  27    28    Zip  Country  30    Name and Address of Current Registered Agent  TERAN, ADELA  1450 W FLAGLER STREET  MIAMIFL 33135  34 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 807 0502 and 607 1508. Florida Statutes. the above-named corporation submits this statement for the purpose of changing its regist 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 register agent. I am familiar with, and except the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, hydro or prefer have of registered agent and the of spokester and registered Agent squared. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  ITILE  DO MERISH, OTTO  SIGNATURE  Signature, hydro or prefer have of registered agent and the of spokester.  IN TIME  DO MERISH, OTTO  SIGNATURE  SIGNATURE  Signature, hydro or prefer have of registered agent and the or spokester.  IN TIME  DO MERISH, OTTO  SIGNATURE  SIGNATURE  Signature, hydro or prefer have of registered agent and the or spokester.  IN TIME  DO MAME  SIGNATURE  Signature, hydro or prefer have of registered Agent squared when remarked when remarked when remarked with a remarked by the corporation sound of directors. I hereby accept the appointment as register.  IN TIME  DO MAN FLAGLER ST.  SIGNATURE  SIGNATURE  Signature have or prefer have of register and register.  Signature have or prefer have of register.  Signature have or prefer have of registere	MIAMI FL 3313		Mailing Address					1 (88)	Pitala Sitta Situ (64	18 1 <b>00</b> 51 <b>4141 4141</b> 1		81811 61611 1691
US    Section   Country   Zip   Country   Zip   Country   Sections   Sections											·.	
2. Principal Place of Business	US MIAMI FL 33130						<u> </u>					
2. Mailing Address   2a. Mailing Address   4. FEI Number   Applied   65-0358257   Solite   Solite, Apt. #, etc.   Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.   Solite, Apt. #, etc.   Soli	US						3		*	ted		
Suite, Apt. #, etc.  Suite, Ap			A	_			-					onlind For
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scripticate of Status Desired.   \$8.75 Additional City & State   City & State   Science Country   Science City & State   Science City & State	<b>─</b> 1 ′	Place of Business	<b>⊢</b> •				"					ot Applicable
22   27   27   28   28   28   28   29   29   30   29   29   30   29   20   29   20   29   20   29   20   20		# 010	<del></del>									
City & State    City & State	<b>—</b>	. #, etc.	<del> </del>				5	. Certifcate	of Status Desired	d. 🗆	, -	
Z2		te	<del></del>				6	. Flection (	Campaign Financi	na 👝 :	\$5.00	May Be
Zip	_ `		<del> </del>							<b>.</b>	•	•
25   29   30   Personal Property Tax.   Yes   No.   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent		Country	<del></del>	Co	untry		8	. This corp	oration owes the	current year l	ntangible "	نــــــــــــــــــــــــــــــــــــ
TERAN, ADELA 1450 W FLAGLER STREET MIAMI FL 33135  131  142  1450 W FLAGLER STREET MIAMI FL 33135  143  1450 W FLAGLER STREET MIAMI FL 33135  145  157  157  157  157  157  157  15		25	29	30				Personal	Property Tax.		☐ Yes	□No
TERAN, ADELA 1450 W FLAGLER STREET MIAMI FL 33135  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  88 City FL 85 Zip Code  88 City FL 85 Zip Code  88 City FL 85 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  80 City FL 85 Zip Code  80 City FL 85 Zip Code  81 City FL 85 Zip Code  82 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  86 City FL 85 Zip Code  87 City Street Address (P.O. Box Number is Not Acceptable)  88 City FL 85 Zip Code  89 City Street Address (P.O. Box Number is Not Acceptable)  88 City FL 85 Zip Code  89 City Street Address (P.O. Box Number is Not Acceptable)  89 City Street Address (P.O. Box Number is Not Acceptable)  89 City Street Address (P.O. Box Number is Not Acceptable)  89 City Street Address (P.O. Box Number is Not Acceptable)  80 City Street Address (P.O. Box Number is Not Acceptable)  80 City Street Address (P.O. Box Number is Not Acceptable)  80 City Street Address (P.O. Box Number is Not Acceptable)  80 City Street Address (P.O. Box Number is Not Acceptable)  81 City Street Address (P.O. Box Number is Not Acceptable)  82 City Street Address (P.O. Box Number is Not Acceptable)  82 City Street Address (P.O. Box Number is Not Acceptable)  82 City Street Address (P.O. Box Number is Not Acceptable)  82 City Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  86 Zip Code  86 Zip Code  87 City Street Address (P.O. Box Number is Not Acceptable)  87 City Street Address (P.O. Box Number is Not Acceptable)  87 City Street Address (P.O. Box Number is Not Acceptable)  88 City Street Address (P.O. Box Number is Nu		9. Name and Address of Curre	nt Registered Agent				10	. Name an	d Address of Ne	w Registere	d Agent	
1450 W FLAGLER STREET MIAMI FL 33135  82  Street Address (P.C. BX Number is Not Acceptable)  83  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 regist 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, hyped or printed name of registered agent and title if applicable  OFFICERS AND DIRECTORS IN  11. OFFICERS AND DIRECTORS IN  12. OFFICERS AND DIRECTORS IN  13. STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33125  TITLE  VD  DELETE  11. TITLE  VD  DELETE  12. YAME  13. STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33125  TITLE  DELETE  13. TITLE  DELETE  31. TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  Change					81	Name						
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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 and milliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  PD  NAME  MIERISH, OTTO  STREET ADDRESS  1450 N. FLAGLER ST.  CITY-ST-ZIP  MIAMI FL 33125  14 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33125  1450 N. FLAGLER ST.  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  DELETE  31 TITLE  Change						•						
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NAME   MIERISH, OTTO   12 NAME   13 STREET ADDRESS   1450 N. FLAGLER ST.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   MIAMI FL 33 125   1.4 CITY-ST-ZIP   TITLE   VD   DELETE   2.1 TITLE   2.2 NAME   2.2 NAME   2.3 STREET ADDRESS   1.450 N. FLAGLER ST.   2.4 CITY-ST-ZIP   DELETE   3.1 TITLE   NAME   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   TITLE   DELETE   3.4 CITY-ST-ZIP   TITLE   Change				1.1 T	ITLE							
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33125  TITLE NAME TERAN, ADELA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33125  TERAN, ADELA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33125  TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33125  DELETE  1.3 STREET ADDRESS 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  DELETE  1.4 CITY-ST-ZIP  Change  Change  Change  Change  Change				1.2 N	IAME							
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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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS