



STATE OF ARIZONA
CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
DOMESTIC

FOR FISCAL YEAR ENDING 01/31/1997

DUE ON OR BEFORE 05/15/1997

The following information is required by A.R.S. 510-1622 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. 510-121.A. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0512847-5
Corporation Name: YOLANDA CONTRERAS, D.D.S., P.C.
Address: 3112 N COUNTRY CLUB RD

City, State, Zip: TUCSON AZ 85716-
Domicile: ARIZONA
Type: PROFESSIONAL

Arizona Statutory Agent: BARRY L BELLOVIN
Street Address: 5151 E BROADWAY #1680
(NOT P.O. BOX)

City, State, Zip: TUCSON AZ 85711-

RECEIVED

MAY 05 1997

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your Corporation in Arizona.

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 16. General Consulting | <input type="checkbox"/> 31. Restaurant/Bar |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 17. Health Care | <input type="checkbox"/> 32. Retail Sales |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 18. Hotel/Motel | <input type="checkbox"/> 33. Science/Research |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 19. Import/Export | <input type="checkbox"/> 34. Sports/Sporting Events |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 20. Insurance | <input type="checkbox"/> 35. Tax Services |
| <input type="checkbox"/> 6. Attorneys at Law | <input type="checkbox"/> 21. Legal Services | <input type="checkbox"/> 36. Technology (Computer) |
| <input type="checkbox"/> 7. Banking/Finance | <input type="checkbox"/> 22. Manufacturing | <input type="checkbox"/> 37. Technology (General) |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input checked="" type="checkbox"/> 23. Medicine/Dentistry | <input type="checkbox"/> 38. Television/Radio |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 39. Tourism/Convention Services |
| <input type="checkbox"/> 10. Contractor | <input type="checkbox"/> 25. News Media | <input type="checkbox"/> 40. Transportation |
| <input type="checkbox"/> 11. Credit/Collection | <input type="checkbox"/> 26. Pharmaceutical | <input type="checkbox"/> 41. Utilities |
| <input type="checkbox"/> 12. Education | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/
Animal Care |
| <input type="checkbox"/> 13. Engineering | <input type="checkbox"/> 28. Ranching/Livestock | <input type="checkbox"/> 43. Other |
| <input type="checkbox"/> 14. Entertainment | <input type="checkbox"/> 29. Real Estate | |
| <input type="checkbox"/> 15. Farming | <input type="checkbox"/> 30. Resort | |

ACC USE ONLY	
Fee	\$ 45
Penalty	\$
Total	\$

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒ 26 - 100 ☐ 101 - 500 ☐ Over 500 ☐

3. If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below and PRESIDENT or VICE PRESIDENT must sign page 4 of this report.

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Statutory Agent Name Address

Signature City, State, Zip

4. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
1,000,000	Common		\$1.00

Number of Shares Issued	Class	Series	Par Value
3,026	Common		\$1.00

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. **OFFICERS** (If no changes since last report, check here ☒ and go on to Section 6.)

PRESIDENT: YOLANDA CONTRERAS

VICE PRESIDENT:

Address: 3112 N COUNTRY CLUB RD

Address:

TUCSON, AZ 85716-

Date taking office: 05-16-87

Date taking office:

SECRETARY: YOLANDA CONTRERAS

TREASURER: YOLANDA CONTRERAS

Address: 3112 N COUNTRY CLUB RD

Address:

3112 N COUNTRY CLUB RD

TUCSON, AZ 85716-

TUCSON, AZ 85716-

Date taking office: 05-16-87

Date taking office: 05-16-87

6. **DIRECTORS** (If no changes since last report, check here ☒ and go on to Section 7.)

NAME: YOLANDA CONTRERAS

NAME:

Address: 3112 N COUNTRY CLUB RD

Address:

TUCSON, AZ 85716-

Date taking office: 05-16-87

Date taking office:

NAME:

NAME:

Address:

Address:

Date taking office:

Date taking office:

7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

(If no changes since last report, check here ☒ and go on to Section 8.)

NAME YOLANDA CONTRERAS

NAME

NAME

NAME

0512847-5

HOLM & HESTAND, CPAS, P.C.
CERTIFIED PUBLIC ACCOUNTANTS
2101 NORTH COUNTRY CLUB ROAD, SUITE 104
TUCSON, ARIZONA 85716

DOUGLAS R. HOLM, CPA
EMMA K. HESTAND, CPA

TELEPHONE
(520) 326-8483

COMPILATION ENGAGEMENT REPORT

We have compiled the balance sheet of Yolanda Contreras, D.D.S., P.C. as of 1/31/97 included in the accompanying prescribed form in accordance with standards established by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of management. We have not audited or reviewed the financial statement referred to above, and accordingly, do not express an opinion or any other form of assurance on it.

This financial statement is presented in accordance with the requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles. Accordingly, this financial statement is not designed for those who are not informed about such differences.

Holm, Hestand/CPAs P.C.

April 28, 1997

Form 1120 (1996)

Schedule L Balance Sheets		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		<4,401.>		291.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets SEE SCHEDULE 11		880.		
7	Loans to stockholders		2,042.		2,042.
8	Mortgage and real estate loans				
9	Other investments				
10a	Buildings and other depreciable assets	195,843.		134,122.	
b	Less accumulated depreciation	(95,306.)	100,537.	(34,820.)	99,302.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)		50,725.		50,725.
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets SEE SCHEDULE 12		3,400.		3,400.
15	Total assets		153,183.		155,760.
Liabilities and Stockholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		6,000.		6,000.
18	Other current liabilities SEE SCHEDULE 13		907.		945.
19	Loans from stockholders				
20	Mortgages, notes, bonds payable in 1 year or more		127,508.		130,345.
21	Other liabilities				
22	Capital stock: a Preferred stock				
	b Common stock	3,026.	3,026.	3,026.	3,026.
23	Paid-in or capital surplus				
24	Retained earnings - Appropriated (attach schedule)				
25	Retained earnings - Unappropriated		15,742.		15,444.
26	Less cost of treasury stock		()		()
27	Total liabilities and stockholders' equity		153,183.		155,760.

7.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-128)

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

- 1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
- 2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
- 3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:
 - (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) involved the violation of the consumer fraud laws of that jurisdiction, or
 - (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES _____ NO x

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

7.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-128.01)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____ Chapter _____ Date Filed _____ No x

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By Jolanda Contreras Date 5/1/97 By _____ Date _____
Title President Title _____