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**Mar 03, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000006975**

1. Corporation Name  
**CHS CARES, INCORPORATED**

Principal Place of Business  
**2000 NW 84 AVE.  
 MIAMI FL 33027**

Mailing Address  
**2000 NW 84 AVE.  
 MIAMI FL 33027**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0806685	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GORDON, HOWARD W                  100 SE 2ND STREET, 17TH FLOOR                  MIAMI FL 33131</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MORAN, AMARILLIS	1.1 TITLE	DP MORAN AMARILLIS
NAME	1111 BISCAYNE BLVD., #351	1.2 NAME	15 STAR ISLAND DRIVE
STREET ADDRESS	MIAMI FL 33181	1.3 STREET ADDRESS	MIAMI BEACH FL 33139
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV VACCA, THOMASINA	2.1 TITLE	
NAME	2091 E. COUNTRY CLUB DR., #1504	2.2 NAME	
STREET ADDRESS	N. MIAMI BEACH FL 33180	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS LESSER, MARIA	3.1 TITLE	DS <del>EVONNE ACERO ACERO, IVONNE</del>
NAME	14800 N. BECKLEY SQ.	3.2 NAME	8200 LOS PINOS BLVD
STREET ADDRESS	DAVIE FL 33325	3.3 STREET ADDRESS	CORAL GABLES, FL. 33143
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT QUINTERO, JESUS	4.1 TITLE	
NAME	2000 NW 84 AVE.	4.2 NAME	
STREET ADDRESS	MIAMI FL 33122	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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.

SIGNATURE: *Jesús Quintero* DATE: 1/2/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: (305) 908-7204

CR2E037 (11/98)