

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
Division of Corporations

**APPROVED
AND
FILED**

95 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010605 (3)

1. Corporation Name:
HOME CARE SYSTEMS, INC.

Principal Place of Business 6475 N W 167 ST G-15 MIAMI FL 33015 US	Mailing Address 98 NW 161ST ST MIAMI FL 33169
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1992	3a. Date of Last Report 04/25/1994
4. FEI Number 65-0380717	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # or	26. State Apt. # or
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent FLORA, MARIA D 98 NW 161ST ST MIAMI FL 33169	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE OF OFFICERS AND DIRECTORS	
TITLE	NAME	TITLE	NAME
DP	FLORA, MARIA D		
STREET ADDRESS	98 NW 161ST ST		
CITY, ST, ZIP	MIAMI FL 33169		
TITLE	NAME	TITLE	NAME
TS	FLORA, CHARLES		
STREET ADDRESS	99 NW 161 ST.		
CITY, ST, ZIP	MIAMI FL		
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the recipient of such information and I executed 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 thereto.

SIGNATURE: *Maria Flora President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Maria FLORA, President