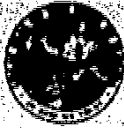


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 - 1 MID 13

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000021660 (3)

1. Corporation Name

SWEET HOME HEALTH CARE INC.

Principal Place of Business

**601 WEST 49TH STREET #240
HALEAH FL 33012**

Mailing Address

**601 WEST 49TH STREET #240
HALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

2. Principal Place of Business

21 **21**
Suite, Apt. # etc.

2a. Mailing Address

26 **26**
Suite, Apt. #, etc.

4. FEI Number

65-0483427

Applied For

Not Applicable

22 **22**
City & State

27 **27**
City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **23**
7 in Country

28 **28**
Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **24**
Country

25 **25**
Country

29 **29**
Country

30 **30**
Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**ARCIERO, MARINA
4922 N.W. 173 DRIVE
MIAMI FL 33055**

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

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:

Signature: Typed or printed name of registered agent and title (if applicable)

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PD
ARCIERO, MARINA
4922 N.W. 173 DR
MIAMI FL 33055**

1.1 TITLE

Change Addition

NAME

ARCIERO, MARINA

1.2 NAME

STREET ADDRESS

4922 N.W. 173 DR

1.3 STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33055

1.4 CITY - ST - ZIP

TITLE

SD

2.1 TITLE

Change Addition

NAME

ESHEZARRETA, MIRNA A

2.2 NAME

STREET ADDRESS

6811 S.W. 130 AVE

2.3 STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33183

2.4 CITY - ST - ZIP

TITLE

3.1 TITLE

Change Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE

4.1 TITLE

Change Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE

5.1 TITLE

Change Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE

6.1 TITLE

Change Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Marina Arciero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/95
DATE

(Caption Please)