

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P94000021660 (3)**
 1. Corporation Name

SWEET HOME HEALTH CARE INC.



Principal Place of Business: **801 WEST 49TH STREET #240
 HIALEAH FL 33012**
 Mailing Address: **801 WEST 49TH STREET #240
 HIALEAH FL 33012**

3. Date Incorporated or Qualified: **03/21/1994** 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **65-0483427** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 155 S.W. 57th Ave** 2a. Mailing Address
 Suite, Apt #, etc: **22** Suite, Apt #, etc: **27**
 City & State: **23 Miami, FL** City & State: **28**
 Zip: **24 33144** Country: **25** Zip: **29** Country: **30**

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: **FL** 85 Zip Code: **FL**
 82 Street Address (P.O. Box Number is Not Acceptable):
 83
 84 City:

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: _____ (NOTE: Registered Agent signature required when most appropriate) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--|
| TITLE | PD ARCIERO, MARINA | 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARCIERO, MARINA | 12 NAME | |
| STREET ADDRESS | 4922 N.W. 173 DR | 13 STREET ADDRESS | 6811 S.W. 130th AVE |
| CITY-ST-ZIP | MIAMI FL 33055 | 14 CITY-ST-ZIP | Miami FL 33183 |
| TITLE | SD | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EBEZARRETA, MIRNA A | 22 NAME | |
| STREET ADDRESS | 6811 S.W. 130 AVE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33183 | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do 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)(k), 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 or changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)