

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 05 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000021660 (3)
 1. Corporation Name
 SWEET HOME HEALTH CARE INC.



Principal Place of Business: 155 SW 57TH AVE, MIAMI FL 33144, US
 Mailing Address: 801 WEST 49TH STREET #240, HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	136 S.W. 57th AVE	26	801 WEST 49TH STREET #240	03/21/1994	07/01/1996
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23	MIAMI, FLORIDA	28	MIAMI, FLORIDA	65-0483427	
24	33144	29	33144	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	USA	30	USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ARCIERO, MARINA 4922 N.W. 173 DRIVE MIAMI FL 33055				81 Name: MIRNA ECHEZARRETA	
				82 Street Address (P.O. Box Number is Not Acceptable): 136 S.W. 57th AVE	
				83	
				84 City: MIAMI FL 85 Zip Code: 33144	
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: <i>[Signature]</i>				DATE: 7/27/97	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ARCIERO, MARINA	1.1 NAME
NAME	ARCIERO, MARINA	1.2 NAME
STREET ADDRESS	6811 S W 130TH AVE	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP
TITLE	SD ESHEZARRETA, MIRNA A	2.1 NAME
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 NAME
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 NAME
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 NAME
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 NAME
NAME		6.2 NAME
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TITLE		6.1 NAME
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)