

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000036788 (5)

1. Corporation Name

HELEN'S HOME HEALTH CARE, INC.



Principal Place of Business
**11355 S.W. 84TH STREET
MIAMI FL 33173**

Mailing Address
**11355 S.W. 84TH STREET
MIAMI FL 33173**

3. Date Incorporated or Qualified 05/16/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0501971	Applied For 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
8. 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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9. Name and Address of Current Registered Agent

**CORPCO, INC.
2699 S. BAYSHORE DRIVE
7TH FLOOR
MIAMI FL 33133**

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

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
P	SHAHAM, JACOB	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9101 SW 103 ST	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	SHAHAM, HELEN	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9101 SW 103 ST	22 NAME	
CITY - ST - ZIP	MIAMI FL	23 STREET ADDRESS	
S	BITTAN, AVI	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13503 SW 124 CT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	MIAMI FL	32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, deleted or added thereto.

SIGNATURE: *Jacob Shaham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/96 (305) 596-3288

CR2E034 (12/95)