

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

97 JUN -5 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials and date: 6/4/97*

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P94000082640**  
1. Corporation Name  
**PERERA Home Health Care, Inc.**

Principal Place of Business Mailing Address **Same**  
**6741 SW 24 Street Suite 48**  
**MIAMI, FLA. 33155**

2. Principal Place of Business 2a. Mailing Address  
21 **6741 SW 24 ST.** 26 **Same**  
Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
22 **48** 27  
City & State 28 City & State  
23 **Miami, FLA.** 28  
Zip 29 Zip Country 30 Country  
24 **33155** 25 **Dade** 29

3. Date Incorporated or Qualified 3a. Date of Last Report  
**11/10/94**  
4. FEI Number Applied For  
**65-0533544** 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

9. Name and Address of Current Registered Agent  
**Idalmi D. Perera**  
**800 NW 40 Ave.**  
**Miami, FLA. 33126**

10. Name and Address of New Registered Agent  
81 Name **Same**  
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 *Idalmi D. Perera* (NOTE: Registered Agent signature required when reinstating) **6/4/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>F</b>	<b>Idalmi D. Perera</b>	<input type="checkbox"/> DELETE
NAME		<b>800 NW 40 Ave.</b>	
STREET ADDRESS		<b>Miami, FLA. 33126</b>	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Same</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>800002205168-6</b>
2.3 STREET ADDRESS	<b>-05/03/97-01002-020</b>
2.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

SIGNATURE: *Idalmi D. Perera* **Idalmi D. Perera** **6/4/97** **305-262-0912**

CR2E034 (9/96)