

**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 # **P95000023278 (1)**

1. Corporation Name

**A EXCLUSIVE HOME HEALTH CARE INC.**



Principal Place of Business

8350 S.W. 25TH STREET  
MIAMI FL 33155

Mailing Address

8350 S.W. 25TH STREET  
MIAMI FL 33155

3. Date Incorporated or Qualified  
**03/22/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **13307 SW 42st**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

**Miami, FL**

27 City & State

28 City & State

24 Zip

**33175**

25 Country

**Dade**

29 Zip

30 Country

4. FEI Number

**65 056 7556**

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

9. Name and Address of Current Registered Agent

**NUNEZ, JACQUELINE  
8350 S.W. 25TH STREET  
MIAMI FL 33155**

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 607.0502, Florida Statutes.

SIGNATURE

Signature of the person signing this statement for the corporation

Signature of the person signing this statement for the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PV</b>	<input type="checkbox"/> DELETE
NAME	<b>NUNEZ, JACQUELINE</b>	
STREET ADDRESS	<b>8350 S.W. 25TH ST.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>NUNEZ, FRANCISCO</b>	
STREET ADDRESS	<b>8350 S.W. 25TH ST.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33155</b>	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	<b>PV</b>	
12 NAME	<b>Nunez, Jacqueline</b>	
13 STREET ADDRESS	<b>13307 SW 42 ST</b>	
14 CITY - ST - ZIP	<b>Mia, Fla 33175</b>	
21 TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Francisco Nunez</b>	
23 STREET ADDRESS	<b>13307 SW 42st</b>	
24 CITY - ST - ZIP	<b>Mia, FL 33175</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
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)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Jacqueline Nunez* (305) 551-7705  
President (Jacqueline Nunez) 4/29/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)