FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

05-13-1999 90012 018 ***150.00

FILED P98000013502
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -7 AM 11:15

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000013502

1. Corporation Name

ALL ABOUT CARE, INC

Principal Place of Business	Mailing Address
9855 NW 27 ST MIAMI, FL 33172	9855 NW 27 ST MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02-10-98

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0868717 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUIS O RODRIGUEZ
9855 NW 27 ST
MIAMI, FL 33172

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D LUIS O RODIRGUEZ 9855 NW 27 ST MIAMI, FL 33172 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

14. *I 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, with all other like empowered.

SIGNATURE: _____ 4/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF-FL32381F-1

FELIX M. CACERES, P.A.
1035 S.W. 87TH AVE.
MIAMI, FL 33174
PHONE 305-262-9502
FAX 305-267-3055

OCTOBER 4, 199

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE: ALL ABOUT CARE INC.
DOCUMENT # P98000013502
FEDERAL I.D. # 65-0868717

GENTLEMEN:

ENCLOSED PLEASE FIND COPY OF OUR CANCELLED CHECK #2210 PAYABLE TO DEPARTMENT OF STATE FOR THE AMOUNT OF $150 TO PAY FOR THE ANNUAL FEE FOR OUR CLIENT ALL ABOUT CARE, INC..

AS PER OUR PHONE CONVERSATION WE WERE NOTIFIED THAT THE ANNUAL REPORT DID NOT CONTAINED THE FEDERAL I.D. NUMBER, HOWEVER, NEITHER OUR CLIENT NOR US NEVER RECEIVED ANY LETTER NOTIFYING US OF THIS NOR DID WE RECEIVED A CHECK RETURNING THE FEE THAT WAS PAID.

WE HEREY REQUEST THE ABATEMENT OF THE $550 PENALTY SINCE WE PAID THIS ON TIME AND THAT THE CHECK WAS CASHED BY THE DEPARTMENT.

WE WILL APPRECIATE YOUR PROMPTNESS IN SOLVING THIS PROBLEM SINCE WE ARE IN NEED OF CHANGING THE CORPORATE NAME.

SINCERELY YOURS,

FELIX M. CACERES
ACCOUNTANT