

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 9855 NW 27 ST MIAMI, FL 33172		Mailing Address 9855 NW 27 ST MIAMI, FL 33172	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 02-10-98		4. FEI Number 65-0868717	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No		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 607.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ Date: 4/30/99 Daytime Phone # _____

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:

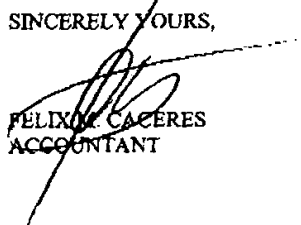
ENCLOSED PLEASE FIND COPY OF OUR CANCELLED CHECK #2210 PAYABLE TO
DEPARTMENT OF STATE FOR THE AMOUNT OF \$150 TO PAY FOR THE ANNUAL FEE FOR
OUR CLIENT ALL ABOUT CARE, INC..

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 HERBY 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