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95 APR 28 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Matheman Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>S90115</b> (4)		
1. Corporation Name <b>VINTEX QUALITY CARE, INC.</b>		

Principal Place of Business	Mailing Address
<b>% ABO E. OMACHONU 1450 MADRUGA AVENUE, SUITE 201 CORAL GABLES FL 33146-3163</b>	<b>% ABO E. OMACHONU 1450 MADRUGA AVENUE, SUITE 201 CORAL GABLES FL 33146-3163</b>

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>10/28/1991</b>	<b>05/24/1984</b>
4. FEI Number	Applied For
<b>65-0297612</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OMACHONU, ABO E.  
1450 MADRUGA AVENUE  
SUITE 201  
CORAL GABLES FL**

10. Name and Address of New Registered Agent

81 Name	<input type="text"/>
82 Street Address (P.O. Box Number is Not Acceptable)	<input type="text"/>
83	<input type="text"/>
84 City	<input type="text"/>
85 Zip Code	<input type="text"/>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title of corporation) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>OMACHONU, ABO E.</b>
STREET ADDRESS	<b>13270 S.W. 260TH STREET</b>
CITY - ST - ZIP	<b>PRINCETON FL</b>
TITLE	<b>D</b>
NAME	<b>OMACHONU, VINCENT K.</b>
STREET ADDRESS	<b>13270 S.W. 260TH STREET</b>
CITY - ST - ZIP	<b>PRINCETON FL</b>
TITLE	<b>D</b>
NAME	<b>WALTERS, MARVEL</b>
STREET ADDRESS	<b>16685 SW 104TH COURT</b>
CITY - ST - ZIP	<b>MIAMI FL 33157</b>
TITLE	<b>D</b>
NAME	<b>CARTER, JACKIE</b>
STREET ADDRESS	<b>17925 NW 19TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL 33058</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>JONES, MARVEL</b>
33 STREET ADDRESS	<b>8425 NW 201 STREET</b>
34 CITY - ST - ZIP	<b>MIAMI, FL 33015</b>
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 110.07(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: Abo Omachonu 4/24/95 305-666-8331  
(Signature) (Date) (Phone Number)