FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000064003 (4)**

1. Corporation Name
ALLIANCE HOME CARE, INC.

Principal Place of Business
958 S.W. 82ND AVENUE
MIAMI FL 33144

Mailing Address
958 S.W. 82ND AVENUE
MIAMI FL 33144

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report:

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

4. FEI Number: 650622865 — 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
SUAREZ, ALDO
2440 CORAL WAY
MIAMI FL 33145

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD ☐ Change ☑ Addition
NAME	SUAREZ, ALDO	1.2 NAME	SILVIA L. SUAREZ.
STREET ADDRESS	4431 S.W. 150TH COURT	1.3 STREET ADDRESS	6050 S.W. 79 CT.
CITY - ST - ZIP	MIAMI FL 33185	1.4 CITY - ST - ZIP	MIAMI, FLA. 33143.
TITLE	~~SVTD~~	2.1 TITLE	☑ Change ☐ Addition
NAME	~~VIDAL, JOAQUIN T~~	2.2 NAME	REMOVE JOAQUIN T. VIDAL
STREET ADDRESS	~~4431 S.W. 150TH COURT~~	2.3 STREET ADDRESS	FROM CORPORATION
CITY - ST - ZIP	~~MIAMI FL 33185~~	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	TS ☐ Change ☑ Addition
NAME		3.2 NAME	Eudaldo A. SUAREZ
STREET ADDRESS		3.3 STREET ADDRESS	6060 S.W. 79 CT.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	MIAMI, FLA. 33143.
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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 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: Aldo Suarez — 2/1/95 — (305) 266-3327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150076 CP