

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000000733**

1. Corporation Name

ELECTRONIC CARE CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 **9022 NW 47 Court**

26 **9022 NW 47 Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
23 **Coral Springs, Florida**

27
City & State
28 **Coral Springs, Florida**

Zip

Country

Zip

Country

24 **33067**

25 **U.S.A.**

29 **33067**

30 **U.S.A.**

3. Date Incorporated or Qualified

3a. Date of Last Report

10/28/92

4. FEI Number

65-0367410

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

10. Name and Address of New Registered Agent

81 Name

FERNANDEZ, EDUARDO

82 Street Address (P.O. Box Number is Not Acceptable)

501 Brickell Key Drive

83 Suite

Suite 400

84 City

Miami,

FL

85 Zip Code

33131

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change ☐ Addition

1.2 NAME

MOTA, LUCIA DE ABREU

1.3 STREET ADDRESS

501 Brickell Key Drive, Suite 400

1.4 CITY-ST-ZIP

Miami, Florida 33131

2.1 TITLE

VP

☒ Change ☐ Addition

2.2 NAME

GONDIM, MARCOS

2.3 STREET ADDRESS

9022 NW 47 Court

2.4 CITY-ST-ZIP

Coral Springs, Florida 33067

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

900001806959

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*****200.00**

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCIA DE A. MOTA

04/10/96 (305) 752-9764

Date

Daytime Phone

CR2E034 (12/95)