

1-23-97 B- W601 -C

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

FILED

Jan 23 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S37463

(4)

1. Corporation Name

FAITH HEALTH CARE, INC.



Principal Place of Business

7235 SW 24TH ST
#202
MIAMI FL 33155
US

Mailing Address

7235 SW 24TH STREET
201
MIAMI FL 33155-1454
US3. Date Incorporated or Qualified
03/13/19913a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 2780 S.W. 87 Ave

2a. Mailing Address

26 2780 S.W. 87 Ave

Suite, Apt. #, etc.

22 # 110

Suite, Apt. #, etc.

27 # 110

City & State

23 MIAMI

City & State

28 MIAMI

Zip

24 33165

Country

Zip

29 33165

Country

30 33165

8. Name and Address of Current Registered Agent

DELGADO, IRMA
7235 SW 24TH ST
#202
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

2780 S.W. 87 Ave # 110

83

84 City

MIAMI

FL

85 Zip Code

33165

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

Sign and type printed name of registered agent or director if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DELGADO, IRMA
STREET ADDRESS 1000 PONCE DE LEON #310
CITY-ST-ZIP CORAL GABLES FLTITLE D
NAME SUAREZ, ANA
STREET ADDRESS 1000 PONCE DE LEON #310
CITY-ST-ZIP CORAL GABLES FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 15393 S.W. 75 Terrace
1.2 NAME
1.3 STREET ADDRESS MIAMI, FL 33193
1.4 CITY-ST-ZIP2.1 TITLE 2401 S.W. 128 St
2.2 NAME
2.3 STREET ADDRESS MIAMI, FL 33175
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

ANNA SUAREZ

Date

1/8/97

Daytime Phone #

228-4800

020633

CR2E034 (9/96)