

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000036002

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC3883972114**

**Entity Name:** AVACARE INTERNATIONAL INC

**Current Principal Place of Business:**

3033 JARDIN STREET  
KISSIMMEE, FL 34741

**Current Mailing Address:**

3033 JARDIN STREET  
KISSIMMEE, FL 34741 US

**FEI Number:** 47-3821868

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BORGES, GUSTAVO A  
3033 JARDIN STREET  
KISSIMMEE, FL 34741 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BORGES, GUSTAVO A  
Address 3033 JARDIN STREET  
City-State-Zip: KISSIMMEE FL 34741

Title VP  
Name BORGES, EDGAR D  
Address 3033 JARDIN STREET  
City-State-Zip: KISSIMMEE FL 34741

Title VP  
Name DELGADO, TIBISAY  
Address 3033 JARDIN STREET  
City-State-Zip: KISSIMMEE FL 34741

Title SV  
Name DISTRIBUIDORA AVALON CA  
Address AV. LA INDUSTRIA EDIF CASA DE  
ITALIA  
PISO 7.19  
City-State-Zip: CARACAS

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUSTAVO BORGES

**PRESIDENT**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date