

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

CORRECTIVE

PROFIT CORPORATION ANNUAL REPORT 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Jul 17 1996 8:00 am
 Secretary of State

DOCUMENT # 341693
 1. Corporation Name
 FLEXICARE, INC.

Principal Place of Business
 801 Brickell Ave.
 Suite 232
 Miami, FL 33131
 U.S.A.

Mailing Address
 801 Brickell Ave.
 Suite 232
 Miami, FL 33131
 U.S.A.

2. Principal Place of Business
 21 9121 N. Kendall Drive
 Suite, Apt. #, etc.

2a. Mailing Address
 26 9121 N. Kendall Drive
 Suite, Apt. #, etc.

22 City & State
 23 Miami, Florida

27 City & State
 28 Miami, Florida

24 Zip 33176 Country 25 U.S.A.
 29 Zip 33176 Country 30 U.S.A.

3. Date Incorporated or Qualified 2/17/1969
 3a. Date of Last Report 8/10/1995

4. FEI Number 59-0940641 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. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 LABROZZI, G. F.
 801 BRICKELL AVENUE
 SUITE 932
 MIAMI, FL 33131

10. Name and Address of New Registered Agent
 81 Name J. L. McSHANE
 82 Street Address (P.O. Box Number is Not Acceptable) 12651 S. Dixie Highway
 83 Suite 334
 84 City Miami FL 85 Zip Code 33156

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 *J. L. McShane* DATE July 9, 1996
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME QUADARA, DOMINICK	1.2 NAME J. L. McSHANE
STREET ADDRESS 801 BRICKELL AVENUE, SUITE 932	1.3 STREET ADDRESS 9121 N. KENDALL DRIVE	CITY-ST-ZIP MIAMI, FL 33131	1.4 CITY-ST-ZIP MIAMI, FL 33176
TITLE SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LABROZZI, G. F.	2.2 NAME M. FRIED
STREET ADDRESS 801 BRICKELL AVENUE, SUITE 932	2.3 STREET ADDRESS 9121 N. KENDALL DRIVE	CITY-ST-ZIP MIAMI, FL 33131	2.4 CITY-ST-ZIP MIAMI, FL 33176
TITLE D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME NEUMAN, SCOTT	3.2 NAME
STREET ADDRESS 9121 N. KENDALL DRIVE	3.3 STREET ADDRESS	CITY-ST-ZIP MIAMI, FL 33176	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS 600001897288	CITY-ST-ZIP	5.4 CITY-ST-ZIP -07/18/96--01008--001
NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	6.2 NAME ***70.00
CITY-ST-ZIP	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 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]* S/D
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 7/9/96 Daytime Phone # 305-271-6943

CR2034 (12/95)