

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734295

1. Corporation Name

LATIN AMERICAN HOME HEALTH, INC.

Principal Place of Business

4960 S.W. 72 AVENUE  
SUITE 205  
MIAMI FL 33155  
US

Mailing Address

4960 S.W. 72 AVENUE  
SUITE 205  
MIAMI FL 33155  
US

2. Principal Place of Business

21 4444 S.W. 71 Ave

Suite, Apt. #, etc.

22 101-A

City & State

23 Miami FL

Zip

24 33155

Country

25 U.S.

2a. Mailing Address

26 935 Alfonso Ave

Suite, Apt. #, etc.

27

City & State

28 Coral Gables FL

Zip

29 33146

Country

30 US

3. Date Incorporated or Qualified

11/12/1975

4. FEI Number

51-0182689

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

9. Name and Address of Current Registered Agent

RUIZ-MOYA, RONNIE I.

1545 MADRID STREET

CORAL GABLES FL 33134

935 Alfonso Ave

Coral Gables FL 33146

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 617.0502 and 617.1508, 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 617.0503, 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 RUIZ-MOYA, RONNIE I

STREET ADDRESS 935 ALFONSO AVE

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME RUIZ-MOYA, RONNIE I

STREET ADDRESS 935 ALFONSO AVE

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME RUIZ, DOMINGO

STREET ADDRESS 8505 SW 4TH ST

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME RUIZ-MOYA, RONALD J

STREET ADDRESS 935 ALFONSO AVE

CITY-ST-ZIP CORAL GABLES FL 33146

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

305-6633001

Daytime Phone #

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90051 012 \*\*\*\*61.25



CR2E037 (11/98)