FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 18 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **758044** **(2)**

1. Corporation Name

AMICA GROUP HOME, INC.

Principal Place of Business	Mailing Address
3031 N.W. 161 ST. MIAMI FL 33054	3031 N.W. 161 ST. MIAMI FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/18/1981**
3a. Date of Last Report: **06/21/1994**
4. FEI Number: **65-0096255** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AMICA, CONSTANCE
3031 NW 161ST ST
MIAMI FL 33054

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	AMICA, CONSTANCE	12 NAME	200001459432
STREET ADDRESS	3031 N.W. 161 ST.	13 STREET ADDRESS	-04/18/95--01105--001
CITY-ST-ZIP	MIAMI, FL 33054	14 CITY-ST-ZIP	******8.75 ******8.75
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	AMICA, GWENDOLYN	22 NAME	200001459432
STREET ADDRESS	3031 N.W. 161 ST.	23 STREET ADDRESS	-04/18/95--01105--002
CITY-ST-ZIP	MIAMI, FL 33054	24 CITY-ST-ZIP	****130.00 ****130.00
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	AMICA, TANGELA	32 NAME	
STREET ADDRESS	3031 N.W. 161 ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33054	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, LANCASTER	42 NAME	
STREET ADDRESS	660 N.W. 71ST STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, HAZEL	52 NAME	
STREET ADDRESS	1506 EDGEWOOD TERRACE	53 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, ALETHA	62 NAME	
STREET ADDRESS	836 S.W. 1ST AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Constance Amica March 21, 1995 305 624 0788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K