

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F23622 (6)

1. Corporation Name

DCA OF HIALEAH, INC.



Principal Place of Business

700 NW 107TH AVE
MIAMI FL 33172

Mailing Address

700 NW 107TH AVE
MIAMI FL 33172

3. Date Incorporated or Qualified
03/09/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FET Number

59-2087720

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. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J.
700 N.W. 107TH AVE., 4TH FL.
MIAMI FL 33172

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:

Signature, typed or printed name of registered agent and block if applicable

(NOTE: Registered Agent signature required when constituting)

DATE:

12. OFFICERS AND DIRECTORS

TITLE DC
NAME MILLER, LEONARD
STREET ADDRESS 700 NW 107TH AVE., 4TH FL
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME BOLOTIN, IRVING
STREET ADDRESS 700 NW 107TH AVE., 4TH FL
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME PEKOR, ALLAN J.
STREET ADDRESS 700 NW 107TH AVE., 4TH FL
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE SD
NAME COLE, ROBERT
STREET ADDRESS 700 NW 107TH AVE., 4TH FL
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE TV
NAME SALEDA, M. E.
STREET ADDRESS 700 NW 107TH AVE., 4TH FL
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE AS
NAME SIERRA, KATHLEEN E.
STREET ADDRESS 700 NW 107TH AVE.
CITY-STATE-ZIP MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen E. Sierra 4-5-96 229-6400

Date

Daytime Phone #

CR2E034 (12/95)