

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F93000002910 (8)

1. Corporation Name

AMERICARE TRANSTECH, INC.

Principal Place of Business

20 N.W. 181ST STREET
MIAMI FL 33169

Mailing Address

20 N.W. 181ST STREET
MIAMI FL 33169

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9: 30**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/21/1993** 3a. Date of Last Report **04/25/1994**

4. FEI Number **65-0319465** 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**D'ANGELO, JOSEPH P
20 N.W. 181ST STREET
MIAMI FL 33169**

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

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

(NOTE: Registered Agent signature required when consenting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	D'ANGELO, JOSEPH P
STREET ADDRESS	20 N.W. 181ST STREET
CITY-ST-ZIP	MIAMI FL 33169
TITLE	VCD
NAME	SCHUR, HENRY B
STREET ADDRESS	20 N.W. 181ST STREET
CITY-ST-ZIP	MIAMI FL 33169
TITLE	VP
NAME	SCHUR, HENRY B
STREET ADDRESS	20 N.W. 181ST STREET
CITY-ST-ZIP	MIAMI FL 33169
TITLE	SD
NAME	HEICHBERGER, MARGARET
STREET ADDRESS	20 N.W. 181ST STREET
CITY-ST-ZIP	MIAMI FL 33169
TITLE	D
NAME	KESHIN, JESSE
STREET ADDRESS	1904 SOUTH OCEAN DR., #404S
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	T
NAME	CRUZ, MARIA
STREET ADDRESS	20 N.W. 181ST STREET
CITY-ST-ZIP	MIAMI FL 33169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
DR. JOSEPH P. D'ANGELO - PRESIDENT

3-29-95 (305) 770-1141