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

APPROVED AND FILED
95 MAY -1 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G09330 (3)

1. Corporation Name
SPECIAL CARE, INC.

Principal Place of Business	Mailing Address
~~C/O WILFRED BRACERAS~~ ~~1200 PONCE DE LEON BLVD.~~ ~~CORAL GABLES FL 33134~~ ~~US~~	~~C/O WILFRED BRACERAS~~ ~~1200 PONCE DE LEON BLVD~~ ~~CORAL GABLES FL 33134~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 600 W. 20th St.	25 600 W. 20th St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hialeah FL	City & State 28 Hialeah
Zip 24 33010 County 25 DADE	Zip 29 33010 County 30 DADE

4. FEI Number: 59-2363370 ☐ 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

BRACERAS, WILFORD
747 PONCE DE LEON #608
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: BRACERAS, WILFRED
82 Street Address (P.O. Box Number is Not Acceptable): 600 W. 20th St.
83
84 City: Hialeah FL 85 Zip Code: 33010

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: X [signature] DATE: 04/21/95
(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	PDT	1.1 TITLE	D/P/S/T	☐ Change ☐ Addition
NAME	BRACERAS, WILFORD	1.2 NAME	BRACERAS, WILFRED	
STREET ADDRESS	747 PONCE DE LEON #608	1.3 STREET ADDRESS	600 W. 20 th ST.	
CITY ST ZIP	CORAL GABLES FL	1.4 CITY ST ZIP	Hialeah, FL 33010	
TITLE	~~VD~~	2.1 TITLE		☐ Change ☐ Addition
NAME	~~BELL, BEATRIZ~~	2.2 NAME		
STREET ADDRESS	~~747 PONCE DE LEON #608~~	2.3 STREET ADDRESS		
CITY ST ZIP	~~CORAL GABLES FL~~	2.4 CITY ST ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST ZIP		3.4 CITY ST ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 04/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0136010 CP