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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J10953 (4)
1. Corporation Name:
COMPREHENSIVE HOME HEALTH CARE SERVICES, INC.



Principal Place of Business: 7270 NW 12TH ST, PENTHOUSE #6, MIAMI FL 33126-1929
Mailing Address: 7270 NW 12TH ST, PENTHOUSE #6, MIAMI FL 33126-1929

3. Date Incorporated or Qualified: 04/23/1986
3a. Date of Last Report: 02/22/1996
4. FEI Number: 59-2728749
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROJAS, SILVIA
7235 H NW 19TH ST
MIAMI FL 33126

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PTD MARTY, FRANCISCO W
7270 N.W. 12TH ST., #PH6
MIAMI FL
SD MARTY, ROSE MARIE
7270 N.W. 12TH ST., #PH6
MIAMI FL
D MARTY, AILEEN
14700 PETIT WAY
POTOMAC MD
D CHESTER, WILLIAM
14700 PETIT WAY
POTOMAC MD

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FRANCISCO W. MARTY 1/24/97 (305) 591-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)