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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 2:03

DOCUMENT # **K92804** **(9)**

1. Corporation Name

MODERN WIRING, INC.

Principal Place of Business	Mailing Address
% HOWARD P. NEWMAN, ESQ. 1551 FORUM PLACE, #400B WEST PALM BEACH FL 33401	% HOWARD P. NEWMAN, ESQ. 1551 FORUM PLACE, #400B WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1989	3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0129052	☐ 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. This corporation has liability for intangible tax under § 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

NEWMAN, HOWARD P., ESQ.
1551 FORUM PLACE, #400B
WEST PALM BEACH FL 33401

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 executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	KIRKPATRICK, JOHN	12 NAME	
STREET ADDRESS	316 QUIGLEY AVE.	13 STREET ADDRESS	
CITY ST ZIP	WILLOW GROVE PA	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KIRKPATRICK, JOHN	22 NAME	
STREET ADDRESS	316 QUIGLEY AVE.	23 STREET ADDRESS	
CITY ST ZIP	WILLOW GROVE PA	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Kirkpatrick 6-9-95

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242000 CP

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DIVISION OF CORPORATIONS
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DOCUMENT # K95430 (0)

1. Corporation Name
CARE & SKILLS, INC.

Principal Place of Business	Mailing Address
% ROXANA ICELA COAQUIRA 8222 WILES RD., STE. 126 CORAL SPRINGS FL 33067	% ROXANA ICELA COAQUIRA 8222 WILES RD., STE. 126 CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1989
3a. Date of Last Report: 10/26/1994
4. FEI Number: 65-0133251 — 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

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	10. Name and Address of New Registered Agent
COAQUIRA, ROXANA ICELA 8222 WILES RD. STE. 126 CORAL SPRINGS FL 33067	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 X [signature] X 3/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 1 TITLE	President	☒ Change ☐ Addition
NAME	COAQUIRA, ROXANA ICELA	1 2 NAME	Rodolfo A Coaquira	
STREET ADDRESS	8222 WILES RD., STE. 126	1 3 STREET ADDRESS	8222 Wiles Rd., Ste 126	
CITY · ST · ZIP	CORAL SPRINGS FL	1 4 CITY · ST · ZIP	Coral Springs, Fl. 33067	
TITLE	D	2 1 TITLE	Vice President/Sec.	☒ Change ☐ Addition
NAME	COAQUIRA, RODOLFO A.	2 2 NAME	Roxana Coaquira	
STREET ADDRESS	8222 WILES RD., STE. 126	2 3 STREET ADDRESS	8222 Wiles Rd., Ste.126	
CITY · ST · ZIP	CORAL SPRINGS FL	2 4 CITY · ST · ZIP	Coral Springs, Fl. 33067	
TITLE		3 1 TITLE	Director	☐ Change ☒ Addition
NAME		3 2 NAME	Rolando Silva	
STREET ADDRESS		3 3 STREET ADDRESS	9331 NW 34th Ct	
CITY · ST · ZIP		3 4 CITY · ST · ZIP	Sunrise, Fl. 33351	
TITLE		4 1 TITLE	Trustee	☐ Change ☒ Addition
NAME		4 2 NAME	Elva G. Visuete	
STREET ADDRESS		4 3 STREET ADDRESS	3236 NW 104th Ave	
CITY · ST · ZIP		4 4 CITY · ST · ZIP	Coral Springs, Fl. 33065	
TITLE		5 1 TITLE	Treasurer	☐ Change ☒ Addition
NAME		5 2 NAME	Nidia R. Silva	
STREET ADDRESS		5 3 STREET ADDRESS	9331 NW 34th Ct	
CITY · ST · ZIP		5 4 CITY · ST · ZIP	Sunrise, Fl. 33351	
TITLE		6 1 TITLE	Managing Director	☐ Change ☒ Addition
NAME		6 2 NAME	John Gallina	
STREET ADDRESS		6 3 STREET ADDRESS	6246 NW 82nd Dr.	
CITY · ST · ZIP		6 4 CITY · ST · ZIP	Parkland, Fl. 33067	

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 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] 3/15/95 (305)344-8964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Roxana Coaquira

0110037 CP