

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K95430 (0)

1. Corporation Name
CARE & SKILLS, INC.

Principal Place of Business % ROXANA ICELA COAQUIRA 8222 WILES RD., STE. 126 CORAL SPRINGS FL 33067	Mailing Address % ROXANA ICELA COAQUIRA 8222 WILES RD., STE. 126 CORAL SPRINGS FL 33067-1900
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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		3. Date Incorporated or Qualified 06/15/1989	3a. Date of Last Report 09/23/1996
		4. FEI Number 65-0133251		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent COAQUIRA, RODOLFO A 8222 WILES RD. STE. 126 CORAL SPRINGS FL 33067				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	
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COAQUIRA, RODOLFO A.	1.2 NAME	
STREET ADDRESS	8222 WILES RD. STE 126	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COAQUIRA, ROXANNA	2.2 NAME	
STREET ADDRESS	8222 WILES RD., STE. 126	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, ROLANDO	3.2 NAME	
STREET ADDRESS	8331 NW 34TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISUETE, ELVA G.	4.2 NAME	
STREET ADDRESS	3236 NW 104TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, NIDIA R.	5.2 NAME	
STREET ADDRESS	8331 NW 34TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLINA, JOHN	6.2 NAME	
STREET ADDRESS	8246 NW 82ND DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	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: Roxana Coaquira 4/23/97 954-344 8964
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)