

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

**APPROVED
AND
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95 MAY -1 AM 12:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Myrham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L74675 (4)**
 1. Corporation Name
ALVACARE, INC.

Principal Place of Business Mailing Address
802 NW 87 AVENUE SUITE 316 MIAMI FL 33172-3425 US
802 NW 87 AVENUE SUITE 316 MIAMI FL 33172-3425 US

2. Principal Place of Business 2a. Mailing Address
 21 **5913 SW 149 AVE** 26 **5913 SW 149 AVE**
 Suite, Apt. #, etc. State, Apt. #, etc.
 22 27
 City & State City & State
 23 **MIAMI FL** 28 **MIAMI FL**
 24 **33193** 25 **DADE** 29 **33193** 30 **DADE**

3. Date Incorporated or Qualified **05/18/1990** 3a. Date of Last Report **04/29/1994**
 4. FEI Number **65-0195622** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Finance/Trust Fund Contribution **\$5.00 May Be Added to Fees**
 6. This corporation has liability for intangible tax under ch. 199, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ALVAREZ, FRANK
5913 SW 149 AVE
MIAMI FL 33193
 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 607.04(2) 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, hereby accept the appointment as registered agent. I am familiar with and accept the responsibility of Sections 607.04(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, FRANK	1. NAME	
STREET ADDRESS	5913 SW 149 AVE	2. STREET ADDRESS	
CITY, STATE, ZIP	MIAMI FL	3. CITY, STATE, ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, OFELIA J.	1. NAME	000001478720
STREET ADDRESS	5913 S 149 AVE	2. STREET ADDRESS	-05/08/95 --01043--010
CITY, STATE, ZIP	MIAMI FL	3. CITY, STATE, ZIP	****200.00 ****200.00
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE, ZIP		3. CITY, STATE, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE, ZIP		3. CITY, STATE, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE, ZIP		3. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.12(9)(a) Florida Statutes. I further certify that the information and data on this report are true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a if applicable, of the attachment with an address.

SIGNATURE: _____ **04/29/95** **305 392 7083**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR