

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90006 038 ***158.75

0130487

DOCUMENT # L90543

1. Corporation Name
SUPERIOR HOME CARE SERVICES, INC.

Principal Place of Business
SUPERIOR HOME CARE SERV INC
5901 N.W. 151ST #202 202
MIAMI LAKES FL 33014
US

Mailing Address
SUPERIOR HOME CARE SERV INC
5901 N.W. 151ST #202 202
MIAMI LAKES FL 33014
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1990

4. FEI Number
65-0208900

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 SUPERIOR HOME CARE SERVICES INC
Suite, Apt. #, etc.

22 202

23 City & State
Miami Lakes

24 Zip
33014

25 Country
Dade

2a. Mailing Address

26 5901 N.W. 151 street
Suite, Apt. #, etc.

27

28 City & State
FL

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HERNANDEZ, HORTENSIA
980 SW 177 WAY
PEMBROKE PINES FL 33029

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME HORTENSIA, HERNADEZ
STREET ADDRESS 980 SW 177 WAY
CITY-ST-ZIP PEMBROKE PINES FL

TITLE T
NAME HERNANDEZ, HORTENSIA
STREET ADDRESS 17878 N. BAY ROAD, #206
CITY-ST-ZIP MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Hortensia Hernandez 3-11-99 305 8219121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)