

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

1-17-95 B-0074-C

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:35

DOCUMENT # **L91349** (5)

1. Corporation Name
OLYTON HEALTH SERVICES, INC.

Principal Place of Business Mailing Address
4955 E 4TH AVE HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/07/1990** 3a. Date of Last Report **01/24/1994**

4. FEI Number **65-0209088** 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. 190.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAVENTOS, ANTONIO
4955 E. 4TH AVE.
HIALEAH FL 33013

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1504, 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 607.0905, Florida Statutes.

SIGNATURE

(Print or Type Name of Registered Agent or Current Registered Agent)

(Print or Type Name of New Registered Agent or Officer)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN)

NAME: **PT RAVENTOS, ANTONIO**
STREET ADDRESS: **6905 WILLOW LANE MIAMI LAKES FL**
CITY, STATE, ZIP: **MIAMI LAKES FL 33183**
NAME: **VS RAVENTOS, GEORGINA**
STREET ADDRESS: **6905 WILLOW LANE MIAMI LAKES FL**
CITY, STATE, ZIP: **MIAMI LAKES FL 33183**

1. NAME Change Addition
2. NAME Change Addition
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9. NAME Change Addition
10. NAME Change Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and equally for the incorporation stated herein in 1995 Florida Statutes. I further certify that this information included in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect and shall be in full faith and credit as if given by me in person. If the corporation has been organized in another state, I further certify that the corporation is duly organized and qualified to do business in this state under the laws of that state and that my name appears on the books of that state as an officer or director with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Raventos
ANTONIO RAVENTOS

1/9/95 (305) 681-8933