

**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 § 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)

(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 33093**  
NAME: **VS RAVENTOS, GEORGINA**  
STREET ADDRESS: **6905 WILLOW LANE MIAMI LAKES FL**  
CITY, STATE, ZIP: **MIAMI LAKES FL 33093**

1. NAME  Change  Addition  
2. STREET ADDRESS  Change  Addition  
3. CITY, STATE, ZIP  Change  Addition  
4. NAME  Change  Addition  
5. STREET ADDRESS  Change  Addition  
6. CITY, STATE, ZIP  Change  Addition  
7. NAME  Change  Addition  
8. STREET ADDRESS  Change  Addition  
9. CITY, STATE, ZIP  Change  Addition  
10. NAME  Change  Addition  
11. STREET ADDRESS  Change  Addition  
12. CITY, STATE, ZIP  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 is required to register with the Secretary of State, I shall file the same with the Secretary of State. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes, and that my name appears on the list of those officers and directors of the corporation with an address.

SIGNATURE:

SIGNATURE AND

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANTONIO RAVENTOS**

1/9/95 (305) 681-8933