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FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L91349 (5)

1. Corporation Name  
OLYTON HEALTH SERVICES, INC.



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

Mailing Address  
4955 E 4TH AVE  
HIALEAH FL 33013-1508

3. Date Incorporated or Qualified 08/07/1990  
3a. Date of Last Report 02/01/1996

2. Principal Place of Business  
21 4975 E. 4th AVE.  
22 State, Apt. #, etc.

2a. Mailing Address  
26 4975 E. 4th AVE  
27 State, Apt. #, etc.

4. FEI Number 65-0209088  
Applied For Not Applicable

23 HIALEAH, FL  
24 33013 25 USA  
27 HIALEAH, FL  
29 33013 30 USA

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. 199.032, Florida Statutes  Yes  No

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

81 Name ANTONIO RAVENTOS  
82 Street Address (P.O. Box Number is Not Acceptable) 4975 E. 4th AVE  
83  
84 City HIALEAH FL 85 Zip Code 33013

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	RAVENTOS, ANTONIO	
STREET ADDRESS	6905 WILLOW LANE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	RAVENTOS, GEORGINA	
STREET ADDRESS	6905 WILLOW LANE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	ZIP: 33014
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	ZIP: 33014
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information submitted 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-96 (305) 681-8933

CR2E034 (9/96)