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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORFORATIONS

}	1998 DIVISION OF CORPORATIONS		VS.	Secretary of State		
1. Corporation	MENT # L964 GED CARE OF AMERICA	•	3)	_		
Principal Place of Business 999 PONCE DE LEON #935		#935	999 PONCE DE LEON #935			DO NOT WRITE IN THIS SPACE
CORAL GABL	ES FL 33134	CORAL GABLE	S FL 33134	•		3. Date Incorporated or Qualified 08/29/1990
21	lace of Business	26				4. FEI Number Applied For 65-0287967 Not Applicable
Suite, Apt.		Suite, Apt. #				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State 23 Zip	Country	City & State 28 Zip		Country		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24	25 g. Name and Address of Cu	29	30	¬ · · · · ·		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
AVELLO, JULIO 999 PONCE DE LEON 82 Street						Address (P.O. Box Number is Not Acceptable)
SU			83	Sueer A	Acceptable)	
				.	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 registers		(NOTE: R	egistered Agent	signature i	required when reinstating) DATE
12.		AND DIRECTORS	ELETE	13.	 r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE NAME	d Avello, julio	50	CLEVE	1,1 TITLE 1,2 NAME		Change Addition
STREET ADDRESS	999 PONCE DE LEON #9	135		1,3 STREET A	nnoree	
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-	ł	
TITLE	00(5)2 0(10020 12		ELETE	2.1 TITLE		☐ Change ☐ Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET A	DDRESS	
CITY-ST-ZIP				2. 4 CITY-ST	-ZiP	
TITLE			ELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .				3.2 NAME	- 1	
STREET ADDRESS				3.3 STREET A	DORESS	
CITY-ST-ZIP				3.4. CITY - ST	- ZIP	
TITLE			ELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET A		
CITY-ST-ZIP			ELETE	4.4 CITY - ST-	ZIP	Change Addition
TITLE			ELEIE	5.1 TITLE		
NAME				5.2 NAME	200000	
STREET ADDRESS				5.3 STREET A	1	*
CITY-SI-ZIP			ELETE	5.4 CITY-ST- 6.1 TITLE	412	☐ Change ☐ Addition
TITLE		<u></u> .	writin	6.2 NAME	1	Onange Addition
NAME				ĺ	DODGCO	
STREET ADDRESS				6.3 STREET A	- 1	
14. I hereby c	ertify that the Information supplie	ed with this filing does no	t qualify for the	6.4 CITY-ST- he exemption		d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

s true and accurate and that my signature shall have the same legal effect as it made under oath; that I am ar mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

(305) 529-1999

FILED

Jan 20 1998 8:00am