

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 SEP -6 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98694 (6)

1. Corporation Name

J & J CARE, INC.

Principal Place of Business

7805 S.W. 24 Street  
Suite 131  
Miami, Florida 33155

Mailing Address

7805 S.W. 24 Street  
Suite 131  
Miami, Florida 33155

3. Date Incorporated or Qualified  
9/12/88

3a. Date of Last Report

2. Principal Place of Business

21 12151 S.W. 131 Avenue  
Suite, Apt. #, etc.

2a. Mailing Address

26 2655 LeJeune Road  
Suite, Apt. #, etc.

4. FEI Number  
650154275

Applied For  
Not Applicable

22  
23 Miami, Florida

27 807  
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 33186  
Country USA

28 Coral Gables, Fl.  
Zip 33134

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAIDA M. BOLANOS  
9115 S.W. 17 Terrace  
Miami, Florida 33165

10. Name and Address of New Registered Agent

81 Name LESTER G. KATES, ESQ.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2655 LeJeune Road, Suite 807  
83  
84 City Coral Gables FL 85 Zip Code 33134

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

*Lester G. Kates*  
LESTER G. KATES, ESQ.

8/29/96

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME JUSTO J. RUIZ  
STREET ADDRESS 7805 S.W. 24 Street, No. 131  
CITY-ST-ZIP Miami, Florida 33155

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/S/T/D ☒ Change ☐ Addition  
12 NAME MARIO L. FERNANDEZ-RIERA  
13 STREET ADDRESS 8701 S.W. 41 Terrace  
14 CITY-ST-ZIP Miami, Florida 33165

21 TITLE ☐ Change ☐ Addition  
22 NAME 300001951463  
23 STREET ADDRESS -09/19/96--01010--016  
24 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Mario L. Fernandez-Riera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARIO L. FERNANDEZ-RIERA President

8/30/96

CR2E034 (12/95)