FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000021775 (0)**

1. Corporation Name
GOLD PLUS CARE INC.

Principal Place of Business	Mailing Address
~~600 N.W. 27TH AVE.~~ ~~MIAMI FL 33125~~	~~401 N.E. 62 ST.~~ ~~MIAMI FL 33138~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/18/1993**
3a. Date of Last Report: **08/02/1994**

2. Principal Place of Business
21: 2766 WEST OAKLAND PK Boulevard
22: Suite, Apt. #, etc.
23: City & State: FT. LAUDERDALE, FL
24: Zip: 33311
25: County: BROWARD

26: 2a. Mailing Address
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: County

4. FEI Number: **65-0393738** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEUS, POWER
~~401 N.E. 62 ST.~~
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name: POWER MEUS
82 Street Address (P.O. Box Number is Not Acceptable): 2766 WEST OAKLAND PK Boulevard
83
84 City: FT LAUDERDALE **FL** 85 Zip Code: 33311

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
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	~~MEUS, POWER I.~~	12 NAME	JETTA MCPHEE
STREET ADDRESS	~~401 N.E. 62ND ST~~	13 STREET ADDRESS	2766 WEST OAKLAND PK BLVD
CITY-ST-ZIP	~~MIAMI FL 33150~~	14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	S	21 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	MCPHEE, JETTA	22 NAME	JETTA MCPHEE
STREET ADDRESS	~~7430 N.W. 2ND AVE.~~	23 STREET ADDRESS	2766 W. OAKLAND PARK BLVD
CITY-ST-ZIP	~~MIAMI FL 33150~~	24 CITY-ST-ZIP	FT. LAUD, FL 33311
TITLE	PIERRE JEAN - DIRECTOR	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS	2766 WEST OAKLAND PK BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD, FL 33311	34 CITY-ST-ZIP	
TITLE	HUGHES JOSEPH - DIRECTOR	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS	2766 WEST OAKLAND PK BLVD	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 added in connection with an address.

SIGNATURE: Jetta McPhee 9/25/95 (305) 777-3703
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0145461 CP