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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000023268**

1. Corporation Name
YEMA HOME HEALTH CARE, INC.

Principal Place of Business	Mailing Address
782 NW 42ND AVE. SUITE 433 MIAMI FL 33126-5549 US	782 NW 42ND AVE. SUITE 433 MIAMI FL 33126-5549 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/29/1993

4. FEI Number
65-0400515
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

OLIVERO, MARIA L
782 NW 42ND AVE.
SUITE 433
MIAMI FL 33126-5549

10. Name and Address of New Registered Agent

81 Name: Maria C Escarpio
82 Street Address (P.O. Box Number is Not Acceptable): 780 NW 42 Ave
83 Suite 322
84 City: Miami FL 85 Zip Code: 33126

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: Maria C Escarpio — 2/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required if Agent's signature is not provided above.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	X DELETE	11 TITLE: P/D	X Change [ ] Addition
NAME	PEREZ, MARTHA S.		12 NAME: Maria C Escarpio	
STREET ADDRESS	782 NW 42ND AVE., SUITE 433		13 STREET ADDRESS: 780 NW 42 Ave #322	
CITY-ST-ZIP	MIAMI FL 33126-5549		14 CITY-ST-ZIP: Miami, FL 33126-5549	
TITLE	PD	X DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	OLIVERO, MARIA L		22 NAME	
STREET ADDRESS	782 NW 42ND AVE., SUITE 433		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126-5549		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****150.00 ****150.00

14. I hereby certify that the information supplied 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, with all other like empowered.

SIGNATURE: Maria C Escarpio — 2/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (11/98)