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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

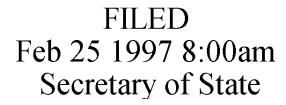
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000025182 (5)

M-ARIEL COMPLETE NURSING CARE INC.

Principal Place of Business 8013 W 15TH AVENUE C/O AMANDA RODRIGUEZ HIALEAH FL 33014 Mailing Address

8013 W 15TH AVENUE C/O AMANDA RODRIGUEZ HIALEAH FL 33014-3328





				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date of Last Report <b>5/01/1996</b>
2. Principal Place of Business 28. Mailing Address			4. FEI Number	Applied For	
21 7220 N Oakmountain Dr	to many the second seco				Not Applicable
Suite, Apt. #, etc					\$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 Miami, FL	i, FL 28 Miami, FL			Trust Fund Contribution	Added to Fees
Zφ Country	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24 33015 25 Dade	29 33015 30 Dade			Florida Statutes	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
8013 W 15TH AVENUE HIALEAH FL 33014			Name	RODRIGUEZ, AMANDA	
			82 Street Address (P.O. Box Number is Not Acceptable) 7220 N Oakmountain Dr		
			' 1	Miami F	L     33015
11. Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statut	es, the abo	ive-named 'cc	rnoration submite this statement for the number	of changing its registered
agont. Lam familiar with, and accept the obligati	ons of, Section 607.0505, FI	orida Statu	ies.	ration's board of directors, I hereby accept the a	ppointment as registered
SIGNATURE					
Sign it do dyperal or pricted namic of regional agent	***		Agent signature rec	quired when reinstating) DATE	
TITE PST OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
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DIALEAU EL COCA	LIMICALI CI CONTA		ET ADDRESS	7220 N Oakmountain Di	:
	Decem		-ST-ZIP	Miami, FL 33015	······································
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		3.2 NAM			
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NAME	E. J. Cocket	5.2 NAM	ļ		Change Chyontion
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CITY - \$1 - 219					
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NAME		6.2 NAM			Fil Annual Fil Maniful
STREET ADDRESS			ET ADDRESS		
CITY-\$1-7e'		•			1
14. I do hereby certify that the information supplied		6.4 CITY	מול דם		

• I do 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 tank in 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 open attachment without address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97 - 305-829-5158