

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

PROFIT
CORPORATION
ANNUAL REPORT
'1996



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

DOCUMENT # P93000040809 (4)

1. Corporation Name

VENTECH CARE, INC.



Principal Place of Business

**320 COLLINS AVE.
MIAMI BEACH FL 33139**

Mailing Address

**300 71ST STREET
SUITE 600
MIAMI BEACH FL 33141**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HERNANDO, EDUARDO
1947 SW 22ND TERRACE
MIAMI FL 33145**

3. Date Incorporated or Qualified

05/28/1993

3a. Date of Last Report

05/17/1995

4. FEI Number

65-0434562

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

10. Name and Address of New Registered Agent

81 Name

Hernando, Eduardo R

82 Street Address (P.O. Box Number is Not Acceptable)

300 71st, Suite 640

83

84 City

Miami Beach

FL

85 Zip Code

33141

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 officer 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 of officer or director or registered agent and typed name

Signature of Registered Agent and typed name

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE
NAME	HERNANDO, EDUARDO	
STREET ADDRESS	1947 SW 22ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	P	☐ Change ☒ Addition
12. NAME	Eduardo Hernando	
13. STREET ADDRESS	300 71st, Suite 640	
14. CITY-ST-ZIP	Miami Beach, FL 33141	
2. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
52. NAME	300001817953	
53. STREET ADDRESS	-05/13/96--01023--004	
54. CITY-ST-ZIP	***200.00	
6. 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 a partner 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

305 868-7080

CR2E034 (12/95)