# 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

DOCUMENT # **P93000045730 (7)**

1. Corporation Name

**EL PARAISO NURSING HOME,INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 10815 SW 56 ST<br>MIAMI FL 33165 | 10815 SW 56 ST<br>MIAMI FL 33165 |

3. Date Incorporated or Qualified: **06/23/1993**
3a. Date of Last Report: **06/19/1995**

2. Principal Place of Business (21): 
Suite, Apt. #, etc (22): 
City & State (23): 
Zip (24): Country (25):

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

4. FEI Number: **65-0503593** ☐ 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

**AVILA, NELSON S**
**10815 SW 56 ST**
**MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (Signature, typed or printed name of registered agent, and title if applicable) (New Registered Agent signature required when adding) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | P/D. | ☐ Change ☒ Addition |
| NAME | AVILA, NELSON S | | 1.2 NAME | RICARDO CABEZAS JR. | |
| STREET ADDRESS | 10815 SW 56 ST | | 1.3 STREET ADDRESS | 18050 N.W. 40 PL. | |
| CITY-ST-ZIP | MIAMI FL 33165 | | 1.4 CITY-ST-ZIP | MIAMI, FL. 33055 | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AVILA, JOSEFINA L | | 2.2 NAME | | |
| STREET ADDRESS | 10815 SW 56 ST | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33165 | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | ☒ DELETE | 3.1 TITLE | S | ☐ Change ☒ Addition |
| NAME | CABEZAS, ESPERANZA | | 3.2 NAME | PATRICIA J. CABEZAS. | |
| STREET ADDRESS | 10815 SW. 56 ST. | | 3.3 STREET ADDRESS | 10815 S.W. 56 ST. | |
| CITY-ST-ZIP | MIAMI FL | | 3.4 CITY-ST-ZIP | MIAMI, FL. 33165 | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CABEZAS, RICARDO | | 4.2 NAME | | |
| STREET ADDRESS | 10815 SW. 56 ST. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 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 added by an attachment with an address.

**SIGNATURE:** RICARDO J. CABEZAS Treasurer 4-21-96 9AM TO 5P.M.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 305-595-1024

CR2E034 (12/95)