FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

KASSANDRA HOME HEALTH CORP

DOCUMENT # P93000056042 (3)

Mailing Address: ~~19483 NW 87TH COURT~~ ~~MIAMI FL 33015~~

Principal Place of Business: ~~19483 NW 87TH COURT~~ ~~MIAMI FL 33015~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1993

3a. Date of Last Report:

2. Mailing Address 21: 8989 NW 188 TR	2a. Principal Place of Business 26:
Suite, Apt. # etc. 22:	Suite, Apt. # etc. 27:
City & State 23: MIAMI Fl	City & State 28:
Zip 24: 33015 · Country 25: USA	Zip 29: · Country 30:

4. FEI Number: 65 0492619 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VALDES ROSA
~~19483 NW 87TH COURT~~
~~MIAMI FL 33015~~

10. Name and Address of New Registered Agent

81 Name: VALDES ROSA
82 Street Address (P.O. Box Number is Not Acceptable): 8989 NW 188 TR
83
84 City: MIAMI FL 85 Zip Code: 33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ________ DATE ________

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P/T/D~~	TITLE	P/T/D
NAME	~~VALDES ROSA~~	NAME	Valdes Rosa
STREET ADDRESS	~~19483 NW 87TH COURT~~	STREET ADDRESS	8989 NW 188 TR
CITY-ST-ZIP	~~MIAMI FL 33015~~	CITY-ST-ZIP	Miami Fl 33015
TITLE	~~V/D~~	TITLE	V/D
NAME	~~VALDES ALFREDO~~	NAME	VALDES Alfredo
STREET ADDRESS	~~19483 NW 87TH COURT~~	STREET ADDRESS	8989 NW 188 TR
CITY-ST-ZIP	~~MIAMI FL 33015~~	CITY-ST-ZIP	Miami Fl 33015
TITLE	~~D/D~~	TITLE	D/D
NAME	PINEDA MARIA	NAME	PINEDA MARIA
STREET ADDRESS	19483 NW 87TH COURT	STREET ADDRESS	8989 NW 188 TR
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	MIAMI Fl 33015
TITLE		TITLE	
NAME		NAME	800001476548 -05/04/95--01129--018 ****200.00 ****200.00
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I 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 release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosa Valdes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4.25.95 · DAYTIME PHONE: 828 5550