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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:01

DOCUMENT # **P93000056214 (8)**

1. Corporation Name

COMPREHENSIVE LONG TERM SERVICES, INC.

Principal Place of Business	Mailing Address
140 W. 28TH ST. HIALEAH FL 33010 US	~~8200 NW 27TH ST.~~ ~~112~~ ~~MIAMI FL 33122~~ ~~US~~ 8530 N.W. 30 TERR MIAMI FL 33122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/10/1993	3a. Date of Last Report: 03/30/1994
4. FEI Number: 65-0437992	Applied For / Not Applicable
5. Certificate of Status Desired: [X]	$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: [X] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21	26: 8530 NW. 30 TERRACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28: MIAMI FL
Zip 24 / Country 25	Zip 29: 33122 / Country 30: DADE

9. Name and Address of Current Registered Agent

GOMEZ, GUSTAVO J.
9420 SW 20TH ST.
MIAMI FL 33164

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	[X] Change [ ] Addition
NAME	BLANCO, ALBERTO	12 NAME	
STREET ADDRESS	~~8200 NW 27TH ST., STE 112~~	13 STREET ADDRESS	8530 N.W. 30 TERRACE
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	MIAMI FL 33122
TITLE	DVS	21 TITLE	[X] Change [ ] Addition
NAME	GOMEZ, GUSTAVO J.	22 NAME	
STREET ADDRESS	~~8200 NW 27TH ST. STE 112~~	23 STREET ADDRESS	8530 N.W. 30 TERRACE
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D	31 TITLE	[X] Change [ ] Addition
NAME	JOSE, VALLE	32 NAME	
STREET ADDRESS	~~8200 NW 27TH ST., STE 112~~	33 STREET ADDRESS	8530 N.W. 30 TERRACE
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	MIAMI FL 33122
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: [signature] GUSTAVO J GOMEZ 4/4/95 (305) 591-0775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number