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 # **P93000056214 (8)**

1. Corporation Name
COMPREHENSIVE LONG TERM SERVICES, INC.

Principal Place of Business
140 W. 28TH ST.
HIALEAH FL 33010
US

Mailing Address
~~8500 NW 38 TERR~~
~~MIAMI FL 33122~~
~~US~~

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

2a. Mailing Address
26 140 W. 28 STREET
Suite, Apt. #, etc.
27
City & State
28 HIALEAH, FLORIDA
Zip 29 33010 Country 30 SADE

3. Date Incorporated or Qualified: 08/10/1993
3a. Date of Last Report: 04/10/1995
4. FEI Number: 65-0437992 [ ] 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 [X] Yes [ ] No

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: MANTERO, EMILIO
82 Street Address (P.O. Box Number is Not Acceptable): 140 W. 28 STREET
83
84 City: HIALEAH FL 85 Zip Code: 33010

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: X EMILIO MANTERO / PRESIDENT 2/8/96
(Typed or printed name of person signing) (Print Registered Agent Signature here if applicable) Date

12. OFFICERS AND DIRECTORS

Title	~~DP~~	[X] DELETE
Name	~~BLANCO, ALBERTO~~	
Street Address	~~8500 NW 38 TERR~~	
City, St., Zip	~~MIAMI FL~~	
Title	~~DVS~~	[X] DELETE
Name	~~GOMEZ, GUSTAVO J.~~	
Street Address	~~8500 NW 38 TERR~~	
City, St., Zip	~~MIAMI FL~~	
Title	~~D~~	[X] DELETE
Name	~~JOSE, VALLE~~	
Street Address	~~8500 NW 38 TERR~~	
City, St., Zip	~~MIAMI FL~~	
Title		[ ] DELETE
Name		
Street Address		
City, St., Zip		
Title		[ ] DELETE
Name		
Street Address		
City, St., Zip		
Title		[ ] DELETE
Name		
Street Address		
City, St., Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/S/T	[X] Change [ ] Addition
1.2 NAME	MANTERO, EMILIO	
1.3 STREET ADDRESS	140 W. 28 STREET	
1.4 CITY-ST-ZIP	HIALEAH, FL 33010	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I declare, 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 on an attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EMILIO MANTERO / PRESIDENT

2/8/96 (305) 263-0002
Date Daytime Phone #

CR2E034 (12/95)