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FILED

May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000059198 (0)

1. Corporation Name

UNLIMITED HOME HEALTH CARE SERVICES, INC.

Principal Place of Business

1090 N.W. 128TH COURT
MIAMI FL 33182

Mailing Address

1090 N.W. 128TH COURT
MIAMI FL 33182-1848



3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0435200

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

2. Principal Place of Business

21 8500 SW 8 Street

Suite, Apt. #, etc.

22 234

City & State

23 Miami Florida

Zip

24 33144

Country

25 DAZE

2a. Mailing Address

26 8500 SW 8 Street

Suite, Apt. #, etc.

27 234

City & State

28 Miami Florida

Zip

29 33144

Country

30 DAZE

9. Name and Address of Current Registered Agent

MARRERO, MARLENE
1090 N.W. 128TH COURT
MIAMI FL 33182

10. Name and Address of New Registered Agent

81 Name

Victor Cosio

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

4051 SW 112 Ave

83

84 City

Miami

FL

85 Zip Code

33165

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME MARRERO, MARLENE

STREET ADDRESS 1090 N.W. 128TH COURT

CITY-ST-ZIP MIAMI FL 33182

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/S/D

12 NAME Victor Cosio

13 STREET ADDRESS 4051 SW 112 Ave

14 CITY-ST-ZIP Miami, FL 33165

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Cosio
04/30/97 (305) 265-4997

CR2E034 (9/96)