

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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

2. Principal Place of Business
21 **8500 SW 8 Street**
Suite, Apt. #, etc. **224**
City & State **Miami Florida**
Zip **33144** Country **DADE**

2a. Mailing Address
26 **8500 SW 8 Street**
Suite, Apt. #, etc. **224**
City & State **Miami, Florida**
Zip **33144** Country **DADE**

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

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]*
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	MARRERO, MARLENE	1090 N.W. 128TH COURT	MIAMI FL 33182	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGED	ADDED
P/S/D	Victor Cosio	4051 SW 112 Ave	Miami, FL 33165	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Victor Cosio**
Date: **04/30/97** Daytime Phone #: **(305) 265-4997**

CR2E034 (9/96)