FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY -1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000069065

1. Corporation Name

My 143 Retirement Home, Inc

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
662 West 50th. Street Hialeah-FL 33012	662 West 50th Street Hialeah-FL 33012

3. Date Incorporated or Qualified: 10-05-1993
3a. Date of Last Report: 3-8-1994

2. Principal Place of Business
21: 275 W. 13TH. STREET
Suite, Apt #, etc. 22:
City & State 23: Hialeah-FL
Zip 24: 33010
Country 25: Dade

2a. Mailing Address
26: S/A
Suite, Apt #, etc. 27:
City & State 28:
Zip 29:
Country 30:

4. FEI Number: 65-0440128 ☐ 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

CHALA, JULIANA
662 WEST 50TH STREET
HIALEAH-FL 33012

10. Name and Address of New Registered Agent

91 Name: CHALA, JULIANA
92 Street Address (P.O. Box Number is Not Acceptable): 275 W. 13TH. STREET
93:
94 City: HIALEAH-FL **FL** 95 Zip Code: 33012

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, typed 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	P/S/D	11 TITLE	P/S/D	☐ Change ☐ Addition
NAME	CHALA JULIANA	12 NAME	CHALA JULEANA	
STREET ADDRESS	662 WEST 50TH. STREET	13 STREET ADDRESS	275 W. 13TH. STREET	
CITY-ST-ZIP	HIALEAH-FL 33012	14 CITY-ST-ZIP		
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
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	TAW 5-1-95	
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: Juliana Chala 4-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #