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Feb 13 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 # P94000003293 (5)

1. Corporation Name
ASSISTED HOME LIVING, INC.



Principal Place of Business
1910 S.W. 12TH STREET
MIAMI FL 33145

Mailing Address
311 SW 21 ROAD
MIAMI FL 33129-1329
US

3. Date Incorporated or Qualified 01/04/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMOS, JUAN C
4910 SW 12 ST
MIAMI FL 33145

81 Name Juan Ramos
82 Street Address (P.O. Box Number is Not Acceptable) 6776 SW 64 ST
83 Miami
84 City FL
85 Zip Code 33143

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RAMOS, JUAN CARLOS JR
STREET ADDRESS 311 SW 21 ROAD
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD
1.2 NAME Juan Ramos
1.3 STREET ADDRESS 6776 SW 64 street
1.4 CITY-ST-ZIP Miami FL 33143-3102

TITLE VD
NAME MARVEZ, CHARLOTTE
STREET ADDRESS 311 SW 21 ROAD
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME Charlotte Marvez
2.3 STREET ADDRESS 6776 SW 64 ST
2.4 CITY-ST-ZIP Miami FL 33143-3102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Charlotte Marvez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 2/5/97
DAYTIME PHONE #

CR2E034 (9/96)