

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000026281 (3)

1. Corporation Name

MASTERCARE U.S. INC.



Principal Place of Business

Mailing Address

ONE COLUMBUS CENTRE
SUITE 1100, ONE ALHAMBRA PLAZA
CORAL GABLES FL 33134

ONE COLUMBUS CENTRE
SUITE 1100, ONE ALHAMBRA PLAZA
CORAL GABLES FL 33134

2. Principal Place of Business

21 1320 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

22 SUITE 280

City & State

23 CORAL GABLES, FL

Zip

24 33146

Country

25 USA

2a. Mailing Address

26 1320 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

27 SUITE 280

City & State

28 CORAL GABLES, FL

Zip

29 33146

Country

30 USA

3. Date Incorporated or Qualified

04/04/1994

3a. Date of Last Report

08/11/1995

4. FEI Number

65-0482416

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

SCHELE, SVEN
ONE COLUMBUS CENTRE
SUITE 1100, ONE ALHAMBRA PLAZA
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
SCHELE, SVEN

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

1320 S. DIXIE HIGHWAY

83 SUITE 280

84 City

CORAL GABLES, FL

85 Zip Code

33146

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, type or print name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
SCHELE, SVEN
STREET ADDRESS
ONE COLUMBUS CENTRE, SUITE 1100
CITY - ST - ZIP
CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
D
SCHELE, SVEN
12 STREET ADDRESS
1320 S. DIXIE HIGHWAY, SUITE 280
14 CITY - ST - ZIP
CORAL GABLES, FL 33146

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-96

JOE-
6667747

CR2E034 (3/96)