

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000027353 (9)**

1. Corporation Name

THE GOLDEN AGE HEALTH ADULT DAY CARE, INC.



Principal Place of Business

2742 S.W. 8TH ST.
SUITE 9
MIAMI FL

Mailing Address

2742 S.W. 8TH ST.
SUITE 9
MIAMI FL

3. Date Incorporated or Qualified
04/11/1994

3a. Date of Last Report
08/25/1995

2. Principal Place of Business
21 **2432 -34 SW 137th**

2a. Mailing Address
26 **2432 -34 SW 137th**

4. FEI Number
65-0527517

Applied For
Not Applicable

22 Suite, Apt., etc.
Miami

27 Suite, Apt., etc.
Miami

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
Fla

28 City & State
FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip
33175

25 County
Dade

29 Zip
33175

30 County
Dade

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MADRIGAL, NANCY C
7812 S.W. 35TH TERRACE
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name **NORMA R. TRABANCO**
82 Street Address (P.O. Box Number is Not Acceptable)
13699 SW 80st
83
84 City **Miami** FL 85 Zip Code **33183**

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

N. Trabanco

4/18/96

Signature required for principal place of business if not applicable

DATE required for principal place of business if not applicable

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	MADRIGAL, NANCY C	7812 S.W. 35TH TERRACE	MIAMI FL 33155	<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

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
President	NORMA R. TRABANCO	13699 SW 80st	Miami FL 33183	<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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

N. Trabanco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Original Filing Fee

CR2E034 (12/95)