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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:39

DOCUMENT # **P94000038360 (1)**

1. Corporation Name
ALL CARE U.S.A., INC.

Principal Place of Business	Mailing Address
1380 N.E. MIAMI GARDENS DR., STE. 130 NORTH MIAMI BEACH FL 33179	1380 N.E. MIAMI GARDENS DR., STE. 130 NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9415 W. Commercial Blvd	26 3000 Island Blvd
22 Suite, Apt. #, etc	27 Suite 1104
23 City & State: Fort Lauderdale, FL	28 City & State: Williams Island, FL
24 Zip: 33308 25 Country: U.S.A.	29 Zip: 33160 30 Country: USA

4. FEI Number: 65-0574471 ☐ 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	10. Name and Address of New Registered Agent
DARROW, KENNETH F ESQ. 9200 S. DADELAND BLVD. SUITE 412 MIAMI FL 33156	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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) (If 10: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☑ Change ☐ Addition
NAME	GOLDBERG, HARVEY	12 NAME	Goldberg, Harvey
STREET ADDRESS	C/O 1380 N.E. MIAMI GARDENS DR., #130	13 STREET ADDRESS	3000 Island Blvd, #1104
CITY ST ZIP	NORTH MIAMI BEACH FL 33179	14 CITY ST ZIP	Williams Island FL 33160
TITLE	D	21 TITLE	D ☑ Change ☐ Addition
NAME	GOLDBERG, AUBRIE	22 NAME	Goldberg, Aubrie
STREET ADDRESS	C/O 1380 N.E. MIAMI GARDENS DR., #130	23 STREET ADDRESS	3000 Island Blvd. #1104
CITY ST ZIP	NORTH MIAMI BEACH FL 33179	24 CITY ST ZIP	Williams Island FL 33160
TITLE	D	31 TITLE	D ☐ Change ☐ Addition
NAME	GOLDBERG, RANDALL	32 NAME	Goldberg, Randy
STREET ADDRESS	C/O 1380 N.E. MIAMI GARDENS DR., #130	33 STREET ADDRESS	3000 Island Blvd #1104
CITY ST ZIP	NORTH MIAMI BEACH FL 33179	34 CITY ST ZIP	Williams Island FL 33160
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	
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 X in Block 13.

SIGNATURE: [signature] 4/29/1995 (305) 776-7717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01D05125 CP