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Apr 09 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 # P94000045939 (3)

1. Corporation Name

CASA MARIA ASSISTED LIVING RESIDENCES, INC.



Principal Place of Business

4555 S.W. 2 ST.  
MIAMI FL 33134

Mailing Address

4555 S.W. 2 ST.  
MIAMI FL 33134-1504

3. Date Incorporated or Qualified  
06/20/1994

3a. Date of Last Report  
10/01/1996

2. Principal Place of Business

21 1721 Granada Blvd

2a. Mailing Address

26 1721 Granada Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Coral Gables, FL

27 City & State

28 Coral Gables, FL

Zip

Country

24 33134

25 USA

Zip

Country

29 33134

30 USA

4. FEI Number

65-0507709

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

GONZALEZ, MIGUEL A  
4555 SW 2 ST.  
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name Miguel A. Gonzalez DelValle

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

1721 Granada Blvd

83

84 City Coral Gables

FL

85 Zip Code 33134

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 of officer or director of corporation and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GONZALEZ, MIGUEL A  
STREET ADDRESS 4555 SW 2 ST.  
CITY - ST - ZIP MIAMI FL 33134

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S/T  
1.2 NAME Gonzalez DelValle, Miguel A.  
1.3 STREET ADDRESS 1721 Granada Blvd  
1.4 CITY - ST - ZIP Coral Gables, FL 33134

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/97 305-441-0588

CR2E034 (9/96)