

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA4000045939**
1. Corporation Name
Casa maria Assisted Living Residence Inc.

Principal Place of Business 1721 Granada Blvd Coral Gables, FL 33134	Mailing Address 1721 Granada Blvd Coral Gables, FL 33134
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DO NOT WRITE IN THIS SPACE

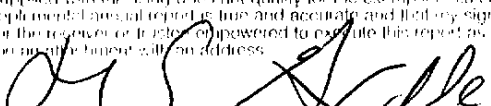
2. Principal Place of Business 21 Same Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 6-20-94	
				4. FEI Number 65-0607709 Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent Gonzalez DelValle, Miguel A. 1721 Granada Blvd Coral Gables, FL 33134				10. Name and Address of New Registered Agent			
				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		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE ☐ DELETE NAME P/V/T/D STREET ADDRESS Miguel Gonzalez DelValle CITY, ST, ZIP 1721 Granada Blvd Coral Gables, FL 33134		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	
2. TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	
3. TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	
4. TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	
5. TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	
6. TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered agent, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.4 (changed or new registered agent with an address).

SIGNATURE:  **4/28/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100002518431
-05/11/98--01047--017
***158.75