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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400060855 (1)

SAN RAFAEL CARE INC.

FILED Apr 21 1998 8:00am Secretary of State

	,						
Principal Place of Business Mailing Address						90//0	
15900 S.W. BIST TERRACE 15900 S.W. BIST TERRACE MIAMI FL 33193			CE .		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	1.42.	
2 Principal	Place of Business	1 5a Molling Address			08/18/1994		
21		2a. Mailing Address	26 Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0513350	Not Applicable \$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State	 		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		28	Zip Country		Trust Fund Contribution	Added to Fees	
24	25	├ ─-₁	30]	′	B. This corporation owes or has paid Personal Property Tax due June 3	· ·	
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BATISTA, RAFAEL T				Name			
15900 S.W. 81ST TERRACE			62		ress (P.O. Box Number is Not Acceptable	a)	
M	IAMI FL 33193					·	
			63	1		•	
			84	City	THE CONTRACTOR OF THE CONTRACT	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 Society Soc							
SIGNATURE BOFAEL BATIS In Manual Account of the post and agree of a figuration (NOTE Registered Agent signature required when reinstating) CALL							
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TOTLE	PD	DELFTE	1.1 TOLE			Change Addition	
NAME	BATISTA, RAFAEL T		1.2 NAME				
STREET ADORESS			1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE			1.4 CHY-S	J-ZIP			
NAME			2.1 117LE			Change Addition	
STREET ADDRESS	.maxa ain. a.am maxa .am		2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33193			ITY-ST-ZIP			
TITLE			3.1 TITLE			Change Addition	
NAME	3:		3.2 NAME	İ			
STREET ADDRESS	;		3.3 STREE1	ADDRESS			
CITY-ST-ZIP			3.4. CITY- S	ST - 7IP			
TITLE	L_J DELETE 4.1		4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAME	1			
STREET ADDRESS	•		4.3 STREET				
CITY-ST-ZIP TITLE			4.4 C/TY-S 5.1 TITLE	r-zip		Change Addition	
NAME						Change Addition	
STREET ADDRESS			5.2 NAME	ADDDESS			
CITY-ST-ZIP			5.3 STREET	1			
TITLE		DICETE	5.4 CITY - S' 6.1 TITLE	1-411.		Change Addition	
NAME		<u></u>	6.2 NAME			- change - randition	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CHY-S				
4 4 1 4 1							

4. I 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 supplicational annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 an an abtrichment with an address.

CIONATURE