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

Mailing Address

807 SW 25 AVENUE

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed, a

SIGNATURE AND TYPED OR



ELORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9400061636 (4)

LAW OFFICES OF GEORGE LOUIS GARCIA. P.A.

## BO7 SW 25 AVENUE SUITE 205 SUITE 205 MIAMI FL 33135-4868 MIAMI FL 33135 US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1994 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For SW 25 Avenue 807 SW. 65-0537810 Not Applicable Suite Ant # etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Mo 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GARCIA, GEORGE L ESQ. Name 807 SW 25 AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 205 83 MIAM) FL 33135 Ame - Charge of Addus 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 footh, 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PSD DELETE Change Addition 11 TITLE THEF GARCIA, GEORGE L NAME 12 NAME 807 SW 25 AVENUE #205 STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY - ST - ZIP 14 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 2.1 T01 F NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-7IP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS DITY-ST-7IP 4.4 CITY - ST- 7IP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE \_\_ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

14. If 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

an address