

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

**FILED**  
**Jan 21 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 # P94000064003 (4)**

1. Corporation Name  
**ALLIANCE HOME CARE, INC.**



Principal Place of Business: **964 S.W. 82ND AVENUE MIAMI FL 33144**  
 Mailing Address: **964 S.W. 82ND AVENUE MIAMI FL 33144-4271**

3. Date Incorporated or Qualified: **08/30/1994**  
 3a. Date of Last Report: **05/01/1996**

|    |                                |    |                     |    |  |                          |                          |                          |    |
|----|--------------------------------|----|---------------------|----|--|--------------------------|--------------------------|--------------------------|----|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number<br><b>65-0522865</b>  | Applied For              | <input type="checkbox"/> | Not Applicable           |    |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired  | <input type="checkbox"/> | <b>\$8.75</b>            | Additional Fee Required  |    |
| 23 | City & State                   | 28 | City & State        | 6. | Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> | <b>\$5.00</b>            | May Be Added to Fees     |    |
| 24 | Zip                            | 29 | Zip                 | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> | Yes                      | <input type="checkbox"/> | No |
| 25 | Country                        | 30 | Country             |    |  |                          |                          |                          |    |

|   |  |  |  |  |  |             |  |
|---|--|--|--|--|--|-------------|--|
| 9. Name and Address of Current Registered Agent<br><b>DELPINO, ROGELIO ESQ.<br/>         1835 W. FLAGLER STREET<br/>         MIAMI FL 33135</b> |  |  |  | 10. Name and Address of New Registered Agent       |  |             |  |
| 81  |  |  |  | Name   |  |             |  |
| 82  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |             |  |
| 83  |  |  |  |  |  |             |  |
| 84  |  |  |  | City   |  | 85 Zip Code |  |
|   |  |  |  | <b>FL</b>  |  |             |  |

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SUAREZ, SILVIA</b>                      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>8050 S.W. 79 CT.</b>                    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33143</b>                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VST</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SUAREZ, ANGEL</b>                       | 2.2 NAME  |   |
| STREET ADDRESS             | <b>8050 S.W. 79 CT.</b>                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33143</b>                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

**200002062942**  
**-01/21/97--01012--037**  
**\*\*\*165.00**

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 on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **1/13/97 (305) 266-2749**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)