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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90018 022 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000067521

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

FIRST CLASS CARE OF HUMAN, CORP.

9370 S.W. 72ND STREET SUITE A-260 MIAMI FL 33173 US		9370 S.W. 72ND STREET SUITE A-260 MIAMI FL 33173 US		3. Date Incorporate	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/14/1994				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26		65-05 19988			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		- 0-45	us Desired	\$8.7	5 Additional	
22		27	27		5. Certifcate of Stat	us Desired LJ	Fee	Required	
City & State	e .	City & State	City & State		& Election Campai	6. Election Campaign Financing \$5.00 May Be			
23		28	28		Trust Fund Contribution Added to Fees				
Zip	Country Zip		Country		a. This corporation	owes the current ye	ar Intangible		
24	25 29 30				Personal Proper	Personal Property Tax.			
	9. Name and Address of Curre				10. Name and Addi	ess of New Regist	ered Agent		
			81	Name	ZOE SAN	AILA			
HURTADO, DAMIAN									
15286 S.W. 104 STREET			62	Street A	Address (P.O. Box Number	440		Ì	
#213			83						
MIAMI FL 33196									
		1	84	City	MAMI		FI 85 3	ip Code	
11. Pursuant office or nagent. I a	1/0/1/2	of and 607,1508, Florida Statutes, the of Florida. Such change was author ations of, Section 607,0505, Florida S		_	corporation submits this state ration's board of directors. I	ement for the purpor	22/99	s registered	
	Signature, typed or printer manner registered ag		13.	i signature re		NGES TO OFFICER	/ _	CTORS IN 12	
TITLE	PVT		.1 TITLE		DUT	NOLO TO OTTIOCI	Char		
NAME /	HURTADO, DAMIAN	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	2 NAME		SANTANA ZOE	<u>-</u> -			
	15286 S.W. 104 #213			ADDRESS	1660150 1440	4 .		ļ	
STREET ADORESS	MIAMI FL 33196		5.4 CITY-S		1600 Pl 3	ラノフラ		}	
CITY-ST-ZIP	S .		2.1 TITLE	-29	1/1011/11/11/20		☐ Char	ge Addition	
TITLE	SANTANA, ZOE		2.2 NAME	Ì	•		_	_	
NAME	- 16601 S.W. 144 CT.		2.2 NAME 2.3 STREET	ADDOCCO		-			
STREET ADDRESS	MIAMI FL 33177							ļ	
CITY-ST-ZIP	MIAMI PL 33171		2. 4 CITY-S 3.1 TITLE	I-ZIP	·		☐ Char	ge Addition	
TITLE			32 NAME	-	The second of the second				
NAME	The second of the second			4000000				ļ	
STREET ADDRESS			3.3 STREET	1				ľ	
CITY-ST-ZIP			3.4. CITY-S 1.1 TITLE	1-ZIP			Char	nge	
TITLE			4. 2 NAME				-		
NAME								j	
STREET ADDRESS			1.3 STREET						
CITY-ST-ZIP			1.4 CITY-ST 5.1 TITLE	-ZiP			☐ Char	nge Addition	
TITLE			5.1 IIILE 5.2 NAME	1	٠	•		-a	
NAME		1		ADDDEED				1	
STREET ADDRESS			5.3 STREET			,			
CITY-ST-ZIP			5.4 CITY-S' 6.1 TITLE	1-2P	·	 _	. Char	nge 🗀 Addition	
TITLE	• •	CO DECENT	6.2 NAME				Ц спа	-ac CTUMUNIT	
NAME								_ [
STREET ADDRESS	l	[(5.3 \$1 REE1	ADDRESS				1	

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)(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 oat an attachment with an address, with all other like empowered.