FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000069359 (5)**

1. Corporation Name

HISPANIC HOME HEALTH & TRANSPORT INC.

Principal Place of Business	Mailing Address
2911 SOUTH CONGRESS STE. 104 LAKE WORTH FL 33461	2911 SOUTH CONGRESS STE. 104 LAKE WORTH FL 33461

2. Principal Place of Business	2a. Mailing Address
21 7911 NW 72Ave	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 109 B	27
City & State	City & State
23 Medley Fl	28
Zip / Country	Zip / Country
24 33166 / 25	29 / 30

3. Date Incorporated or Qualified: **09/19/1994**

3a. Date of Last Report: **07/05/1995**

4. FEI Number: **65-0521837** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, ANGEL
1027 SOUTH M STREET
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: Ivonne Hernandez

82 Street Address (P.O. Box Number is Not Acceptable): 909 Summer St.

83

84 City: Lake Worth **FL** 85 Zip Code: 33461

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Ivonne Hernandez/President — 04/24/96

Signature, typed or printed name of registered agent and title, if agent is an officer or employee of a corporation (or partnership) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERNANDEZ, ANGEL 1027 SOUTH M STREET LAKE WORTH FL 33460	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D Ivonne Hernandez 909 Summer St. Lake Worth,Fl 33461	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP/D Angel Hernadez 1027 South M St. Lake Worth FL 33460	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ivonne Hernandez/President — 04/24/94 — 305-882-0520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #