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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000073439 (9)

1. Corporation Name

DJCM HOME HEALTH CARE INC.

Principal Place of Business

215 S.W. 17TH AVE
#306
MIAMI FL 33135

Mailing Address

215 S.W. 17TH AVE
#306
MIAMI FL 33135-3680



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/06/1994

3a. Date of Last Report

11/15/1996

4. FEI Number

65-0524872

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

~~GONZALEZ, DALIA~~
~~310 N.W. 107TH AVE., #102~~
~~MIAMI FL 33135~~

10. Name and Address of New Registered Agent

81 Name OSUALDO MORALES.
82 Street Address (P.O. Box Number is Not Acceptable)
7005 WEST 16 AVE.
83
84 City HIALEAH, FL 85 Zip Code 33014

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

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-97

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME ~~GONZALEZ, DALIA~~
STREET ADDRESS ~~310 N.W. 107TH AVE., APT. 102~~
CITY-ST-ZIP ~~MIAMI FL 33144~~

TITLE ~~VP~~ ☒ DELETE
NAME ~~GONZALEZ, JESUS~~
STREET ADDRESS ~~8046 NORTH WATERWAY DR~~
CITY-ST-ZIP ~~CORAL GABLES FL 33155~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PV
1.3 STREET ADDRESS MORALES, OSUALDO
1.4 CITY-ST-ZIP 7005 WEST 16 AVE
HIALEAH FL 33014

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dalia Gonzalez 4-29-97 (305) 223-6928

CP2E034 (9/96)