SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -6 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073654 (3)**

1. Corporate Name

INTERNATIONAL HOME CARE PROVIDERS, INC.

Principal Place of Business
5721 SW 62ND TERRACE
MIAMI FL 33143

Mailing Address
POST OFFICE BOX 558961
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/03/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 6850 Coral Way
22 Suite Apt # etc: Ste 407
23 City & State: Miami FL
24 33155 25 DADE

2a. Mailing Address
26 PO Box 558961
27 Suite Apt # etc:
28 City & State: Miami FL
29 33155 30 DADE

4. FEI Number: 65-0528150
Applied For / Not Applicable

5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required

6. ☐ **$5.00** May Be Added to Fees

7. Does corporation have assets to be administered under s. 607.1601 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

YOUSEFF, NOHEMI
6475 SW 32ND STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1008 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 duties and obligations of Section 607.0505 Florida Statutes.

12. OFFICERS AND DIRECTORS

Title	Name	Address
D	YOUSEF, NOHEMI	6475 SW 32ND STREET MIAMI FL 33155
D	YERA, MARILYN C	620 WEST 44TH PLACE HIALEAH FL 33012
D	CEBALLOS, SANDRA	5797 LA LUNETA AVENUE MIAMI FL 33155

13. ☐ Change ☐ Add/Del

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as the written acceptance of appointment as registered agent and agree to comply with the provisions of Chapter 607, Florida Statutes, and that my name appears above, or on any attached list, as an officer or director of the corporation or the person to be included as required to be included in this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on any attached list, as an officer or director.

SIGNATURE: Nohemi Youseff (President) 6/22/95 661-9034
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

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