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

APPROVED AND FILED

1996 DEC -2 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000000092

1. Corporation Name
HOME CARE PROVIDERS, INC.

REINSTATEMENT ok vcd 12/2/96

Principal Place of Business / Mailing Address
310 N.W. 107 Avenue, Apt. 204
Miami, FL 33172

3. Date Incorporated or Qualified: 1-3-95
3a. Date of Last Report:

2. Principal Place of Business
21 310 NW 107 AVE
Suite Apt # etc 22 #204
City & State 23 MIAMI, FL
Zip 24 33172 Country 25 USA

2a. Mailing Address
26 310 NW 107 AVE
Suite, Apt #, etc 27 #204
City & State 28 MIAMI, FL
Zip 29 33172 Country 30 USA

4. FEI Number: 65-0544697 ☐ 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
HILIANA C. FARRADAZ
1664 W 42nd STREET
HIALEAH, FL 33012

10. Name and Address of New Registered Agent
81 Name: MARIA I MENA
82 Street Address (P.O. Box Number is Not Acceptable): 310 NW 107 Avenue
83 Apt. 204
84 City: MIAMI FL 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 607.0507 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] 11/19/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRES. / HILIANA C FARRADAZ / 1664 W 42 STREET / HIALEAH, FL 33012	☒ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	PRESIDENT & DIRECTOR / MARIA I. MENA / 310 NW 107 AVE, # 204 / MIAMI, FL 33172 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	/ ALDO FARRADAZ / 1664 W 42 STREET / HIALEAH, FL 33012	☒ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	/ RENE PEREZ / 6161 E 3RD AVENUE / HIALEAH, FL 33013	☒ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☐ Addition 700002020647--3 -12/05/96--01030--0108 ****375.00 ****375.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 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: [signature] HILIANA C. FARRADAZ 7/27/96 (305) 826-9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] 11/19/96