

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000002506 (0)
1. Corporation Name

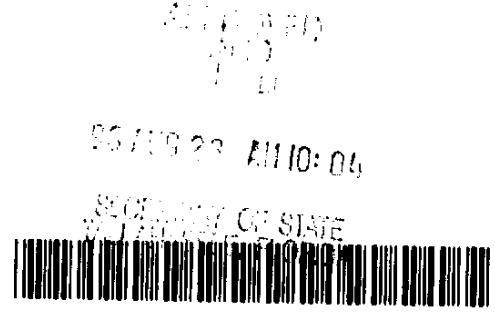
PROFESSIONAL CARE II, INC.

Principal Place of Business

Mailing Address

2699 SOUTH BAYSHORE DRIVE 7TH FLOOR
MIAMI FL 33133

2699 SOUTH BAYSHORE DRIVE 7TH FLOOR
MIAMI FL 33133



21 Principal Place of Business 11355 S.W. 84 St.		2a. Mailing Address 11355 S.W. 84 St.		3. Date Incorporated or Qualified 01/10/1995		3a. Date of Last Report	
22 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 City & State Miami, FL		27 City & State Miami, FL		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33173		29 Zip 33173		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE 7TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

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

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 date (applicable)

(If OFFER, Registered Agent signature required when reporting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D / P	11 TITLE	D/P
NAME	SHAHAM, JACOB	12 NAME	SHAHAM, JACOB
STREET ADDRESS	1351 NO. KROME AVENUE	13 STREET ADDRESS	11355 SW 84 St.
CITY-ST-ZIP	HOMESTEAD FL	14 CITY-ST-ZIP	Miami, FL 33173
TITLE	D / s	21 TITLE	D/S
NAME	SHAHAM, HELEN	22 NAME	SHAHAM, HELEN
STREET ADDRESS	1351 NO. KROME AVENUE	23 STREET ADDRESS	11355 SW 84 St.
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP	Miami, FL 33173
TITLE	D / V	31 TITLE	D/V
NAME	BITTAN, AVI	32 NAME	BITTAN, AVI
STREET ADDRESS	1351 NO. KROME AVENUE	33 STREET ADDRESS	11355 SW 84 St.
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	Miami, FL 33173
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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-08/30/96--01011--018
****225.00 ****225.00

C. Alan
8-23-96

SIGNATURE:

JACOB SHAHAM, President

8.5.96

CR2E034 (3/96)