

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 # **P95000007399 (5)**

1. Corporation Name

SAN LAZARUS CARE SERVICE INC.



Principal Place of Business

1840 WEST 49TH ST.
#519
HIALEAH FL 33012

Mailing Address

1840 WEST 49TH ST.
#519
HIALEAH FL 33012

2. Principal Place of Business

21 1840 W. 49th St #519

Suite, Apt. #, etc.

22 519

City & State

23 Hialeah, FL

Zip

24 33012

Country

25 DAD

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

COLLAZO, ADA
229 S.W. 9TH ST.
#1
MIAMI FL 33130

3. Date Incorporated or Qualified

01/27/1995

3a. Date of Last Report

4. FEI Number

65-0551514

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

10. Name and Address of New Registered Agent

81 Name

CATALINO COLLAZO

82 Street Address (P.O. Box Number is Not Acceptable)

83 1840 W. 49th St #519

84 City

Hialeah, FL 33012

FL

85 Zip Code
33012

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

(NOTE: Registered agent signature required when renouncing)

4/5/96
DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME COLLAZO, CATALINO
STREET ADDRESS 229 S.W. 9TH ST. #1
CITY-ST-ZIP MIAMI FL 33130 ☐ DELETE

TITLE SD
NAME COLLAZO, ADA
STREET ADDRESS 229 S.W. 9TH ST. #1
CITY-ST-ZIP MIAMI FL 33130 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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: CATALINO COLLAZO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

DATE

558-4355

DAYTIME PHONE #

CR2E034 (12/95)