

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000019417 (1)

1. Corporation Name

GREATER MIAMI ADULT DAY SERVICES, INC.



Principal Place of Business

Mailing Address

10685 SW 88TH ST.  
MIAMI FL 33176

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MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1995

4. FEI Number

65-0566787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BUCK, MIKHEL C  
1800 N.E. 114TH STREET  
#1104  
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

Raymond R. Beitra

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

2122 S.W. 47 Ave.

83

84 City

Miami

FL

85 Zip Code

33155

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

*Raymond R. Beitra*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BUCK, MIKHEL C  
STREET ADDRESS 380 N.E. 91ST ST.  
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE VD ☐ DELETE

NAME DEUTSCHBERGER, RITA  
STREET ADDRESS 1705 N.E. 116TH ROAD  
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE TD ☒ DELETE

NAME BUA, MARY A  
STREET ADDRESS 2 SHADY LANE  
CITY-ST-ZIP LODI NJ 07644

TITLE S ☐ DELETE

NAME DROZD, ALLEN  
STREET ADDRESS 15720 BULL RUN RD. #476  
CITY-ST-ZIP MIAMI LAKES FL 33014

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 PDF ☒ Change ☐ Addition

1.2 NAME Buck, Mikhel  
1.3 STREET ADDRESS 1800 N.E. 114 St., #1104  
1.4 CITY-ST-ZIP N. Miami, FL 33181

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Deutschberger, Rita  
2.3 STREET ADDRESS 1048 N.E. 9th Street  
2.4 CITY-ST-ZIP Miami Shores, FL 33138

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE STD ☒ Change ☐ Addition

4.2 NAME Drozd, ALLEN  
4.3 STREET ADDRESS 7274 Poinciana Court  
4.4 CITY-ST-ZIP Miami Lakes, FL 33014

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 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:

1-28-98

CR2E034 (10/97)