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**Jan 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000019829 (7)

1. Corporation Name
GABLES HOME HEALTH CARE, INCORPORATED



Principal Place of Business Mailing Address
2645 S.W. 37TH AVENUE SUITE 703A CORAL GABLES FL 33133 **2645 S.W. 37TH AVENUE SUITE 703A CORAL GABLES FL 33133-2754**

3. Date Incorporated or Qualified **03/09/1995** 3a. Date of Last Report **03/01/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0564919** Applied For Not Applicable

21. Suite, Apt #, etc. 26. Suite, Apt #, etc.

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

22. City & State **Miami, FL.** 27. City & State **Miami, FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip **33133** Country **US** 29. Zip **33133** Country **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENDEZ, EDUARDO S
2645 SW 37TH AVENUE
SUITE 703A
MIAMI FL 33133**

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

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: _____ DATE: **Jan. 7, 1997**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **MARTINEZ, HUGO**
STREET ADDRESS **POST OFFICE BOX 144522 N/A**
CITY-ST-ZIP **CORAL GABLES FL 33134**

1.1 TITLE **Director** Change Addition
1.2 NAME **Eduardo S. Mendez**
1.3 STREET ADDRESS **3660 SW 18 Terr.**
1.4 CITY-ST-ZIP **Miami, FL. 33145**

TITLE **D** DELETE
NAME **MENDEZ, EDUARDO S**
STREET ADDRESS **3660 SW 28 TERR.**
CITY-ST-ZIP **MIAMI FL 33145**

2.1 TITLE **Director** Change Addition
2.2 NAME **Naray. Noron de Amor**
2.3 STREET ADDRESS **33 Malaga Ave.**
2.4 CITY-ST-ZIP **Coral Gables, FL. 33134**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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 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: _____ DATE: **Jan 7, 1997** 305-446-9293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)