

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

**FILED**  
**May 14 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 # P95000022511 (6)**  
 1. Corporation Name

**CARIDAD NURSE CARE, INC.**

Principal Place of Business: **4150 NW 7TH STREET SUITE 201 MIAMI, FL 33126**  
 Mailing Address: **4150 NW 7TH STREET SUITE 201 MIAMI, FL. 33126**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/20/1995</b>	
11	26	4. FEI Number <b>65-0568420</b>		Applied For Not Applicable	
12	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
13	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
14	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GARCIA, IRMA C</b> <b>3160 NW 3rd STREET</b> <b>MIAMI, FL 33165</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PTD</b>	12 NAME	
STREET ADDRESS	<b>JORGE, MIGUEL A</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>4221 SW 112 court</b>	14 CITY-ST-ZIP	
	<b>MIAMI FL 33165</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	22 NAME	
NAME	<b>VSD</b>	23 STREET ADDRESS	
STREET ADDRESS	<b>GARCIA, IRMA C</b>	24 CITY-ST-ZIP	
CITY-ST-ZIP	<b>3160 NW 3RD STRETT</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MIAMI, FL 33125</b>	32 NAME	
TITLE	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
NAME		34 CITY-ST-ZIP	
STREET ADDRESS		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		42 NAME	
TITLE	<input type="checkbox"/> DELETE	43 STREET ADDRESS	
NAME		44 CITY-ST-ZIP	
STREET ADDRESS		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		52 NAME	
TITLE	<input type="checkbox"/> DELETE	53 STREET ADDRESS	
NAME		54 CITY-ST-ZIP	
STREET ADDRESS		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		62 NAME	
TITLE	<input type="checkbox"/> DELETE	63 STREET ADDRESS	
NAME		64 CITY-ST-ZIP	
STREET ADDRESS			

*4/15/98*

**000002528910**  
**-05/19/98--01046--020**  
**\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to an annual report is true and accurate. This report or supplement shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered business empowered to file this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attached sheet, with my address.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FOR: \_\_\_\_\_  
 4/30/98 (305) 541-9922