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 # **P95000029640 (6)**

1. Corporation Name

TOP CARE SERVICE, INC.

Principal Place of Business	Mailing Address
11401 S.W. 40TH STREET SUITE 309 MIAMI FL 33165	11401 S.W. 40TH STREET SUITE 309 MIAMI FL 33165

3. Date Incorporated or Qualified: 04/14/1995
3a. Date of Last Report: 04/14/95

2. Principal Place of Business
21: 4745 SW 75 Ave
22 Suite, Apt. #, etc: N/A
23 City & State: Miami, Fl
24 Zip: 33155 25 Country: USA

2a. Mailing Address
26: 4745 SW 75 Ave
27 Suite, Apt. #, etc: N/A
28 City & State: Miami - Fl
29 Zip: 33155 30 Country:

4. FEI Number: 65-0573468 ☐ 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

9. Name and Address of Current Registered Agent

GARCIA, DENNIS S
11401 S.W. 40TH STREET
SUITE 309
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: Dennis S. Garcia
82 Street Address (P.O. Box Number is Not Acceptable): 4745 SW 75 Avenue
83
84 City: Miami FL 85 Zip Code: 33155

11. Pursuant to the provisions of Sections 607.0505 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] Dennis S. Garcia Registered Agent 8/1/96
(NOTE: Registered Agent signature required when name changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, DENNIS S		1.2 NAME		
STREET ADDRESS	11401 S.W. 40TH ST. #309		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, DENNIS S		2.2 NAME		
STREET ADDRESS	11401 S.W. 40TH ST. #309		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAZCANO, ELENA		3.2 NAME		
STREET ADDRESS	11401 S.W. 40TH ST. #309		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Dennis S. Garcia, Pres. 8/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(305) 265-2346
Daytime Phone Number

CR