

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90073 013 \*\*\*150.00

DOCUMENT # P95000030626

1. Corporation Name  
ANETTE HOME HEALTH CARE INC.

Principal Place of Business

2450 SW 137TH AVE  
STE. 209  
MIAMI FL 33175  
US

Mailing Address

2450 SW 137TH AVE  
STE. 209  
MIAMI FL 33175  
US

2. Principal Place of Business

21 491 NW 27TH AVE.

Suite, Apt. #, etc.

22

City & State

23 Miami, FL.

Zip

24 33125

Country

25 USA

2a. Mailing Address

26 491 NW 27TH AVE.

Suite, Apt. #, etc.

27

City & State

28 Miami, FL.

Zip

29 33125

Country

30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1995

4. FEI Number

65-0576976

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 owes the current year intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SANCHEZ, ARIEL  
7924 EAST DRIVE  
NO. 404  
MIAMI FL 33141

10. Name and Address of New Registered Agent

81 Name

Sanchez, Ariel

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

11230 SW 33 St.

83

84 City

Miami,

FL

85 Zip Code

33165

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SANCHEZ, ARIEL  
STREET ADDRESS 7924 EAST DR. NO. 404, BAY VILLAGE  
CITY-ST-ZIP MIAMI BEACH FL 33142

TITLE STD ☐ DELETE

NAME FIDALGO, NIDIA E  
STREET ADDRESS 6450 COLLINS AVE. NO. 1406  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME PD Sanchez, Ariel  
1.3 STREET ADDRESS 11230 SW 33 St.  
1.4 CITY-ST-ZIP Miami, FL. 33165

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 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, with all other like empowered.

SIGNATURE: X REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0252809

CR2E034 (11/98)