

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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90005 047 ***150.00
 05-14-1999 90005 048 *****8.75

0128438

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000030948

1. Corporation Name
 AMNA HOME CARE, INC.



Principal Place of Business: 1790 49TH STREET #211 HIALEAH FL 33012 US

Mailing Address: 1790 W 49TH STREET #211 HIALEAH FL 33012 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0579951	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24	25	29	30	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOPEZ, ANA M 1790 W 49TH STREET #211 HIALEAH FL 33012				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: *[Signature]* DATE: 04-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, ANA M	1.2 NAME	JOSE ARAGON
STREET ADDRESS	1790 W. 49TH ST., SUITE 201	1.3 STREET ADDRESS	1790 W 49th St #211
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMAS, ALEIDA M	2.2 NAME	JESUS HERNANDEZ
STREET ADDRESS	1790 W. 49TH ST., SUITE 201	2.3 STREET ADDRESS	1790 W 49th St #211
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Hialeah FL 33012
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, CLOTILDE	3.2 NAME	AIFREDO B REBOREDO
STREET ADDRESS	1790 W. 49TH ST., SUITE 201	3.3 STREET ADDRESS	1790 W 49th St #211
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Hialeah FL 33012
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUERA, MAYDA	4.2 NAME	
STREET ADDRESS	1790 W. 49TH ST., SUITE 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JEANNEL	5.2 NAME	
STREET ADDRESS	1790 W 49TH STREET #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: 04-28-99 305-819-9694

CR2E034 (11/98)