

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 # P95000032667 (4)  
1. Corporation Name

MCE PROFESSIONAL CARE INC.

Principal Place of Business

Mailing Address

8746 NORTH WEST 149TH TERRACE  
MIAMI FL 33016

8746 NORTH WEST 149TH TERRACE  
MIAMI FL 33016



2. Principal Place of Business

21 7360 SW 24 St.

Suite, Apt. #, etc.

22 Suite #23C

City & State

23 MIAMI FL

Zip

24 33155

Country

2a. Mailing Address

26 7360 SW 24 St.

Suite, Apt. #, etc.

27 Suite # 23 C

City & State

28 MIAMI FL

Zip

29 33155

Country

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

4. FEI Number

65-0579850

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

MARRERO, MIGUEL  
8746 NORTH WEST 149TH TERRACE  
MIAMI FL 33016

10. Name and Address of New Registered Agent

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 agent 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 of Registered Agent and, if applicable, Officer or Director

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MARRERO, MIGUEL  
STREET ADDRESS 8746 NORTH WEST 149TH TERRACE  
CITY-ST-ZIP MIAMI FL 33016

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

V.  
NAME EDDY N. GARCIA  
STREET ADDRESS 6225 SW KENDALL LAKE  
CITY-ST-ZIP Apt# D261 MIAMI FL.  
33183.

☐ Change ☐ Addition

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 or changed or on an attachment with an address.

SIGNATURE:

Signature and Printed Name of Signing Officer or Director

Date

Telephone Number

CR2E034 (3/96)