

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033144 (3)

1. Corporation Name

BETTY CARE, INCORPORATED

Principal Place of Business

Mailing Address

7370 SW 12 ST 443 SW 122 Ave #1 7370 SW 12 ST 443 SW 122 Ave
MIAMI FL 33144 33184 MIAMI FL 33144 33184



2. Principal Place of Business

2a. Mailing Address

21

State, Apt., etc.

26

State, Apt., etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

4. FEI Number

65-0571625

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. 193.032 Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Beatriz Gosende

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

11790 SW 18 ST apt 531

83

84 City

MIAMI

FL

85 Zip Code

33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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]

12. OFFICERS AND DIRECTORS

1. NAME	☐ DELETE
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. NAME	☐ DELETE
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	☐ DELETE
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	☐ DELETE
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ DELETE
14. STREET ADDRESS	
15. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☒ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 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 its 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 226-7299

CR2E034 (12/95)