

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

FILED

Feb 05 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P95000046170 (3)**

1. Corporation Name  
**G & A HOME HEALTH CORP.**



|   |   |
|---|---|
| Principal Place of Business<br><b>6595 NW 36ST.<br/>320<br/>MIAMI FL 33166<br/>US</b> | Mailing Address<br><b>6595 NW 36 ST.<br/>320 C<br/>MIAMI FL 33166-6979<br/>US</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/14/1995</b> | 3a. Date of Last Report<br><b>04/24/1996</b> |
|--|--|

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| 2. Principal Place of Business<br>21 <b>6595 NW 36 St</b><br>Suite, Apt. #, etc.<br>22 <b>320-C</b><br>City & State<br>23 <b>Miami, FL</b><br>Zip<br>24 <b>33166</b> 25 <b>USA</b> | 2a. Mailing Address<br>26 <b>6595 NW 36 St</b><br>Suite, Apt. #, etc.<br>27 <b>320 C</b><br>City & State<br>28 <b>Miami, FL</b><br>Zip<br>29 <b>33166</b> 30 <b>USA</b> | 4. FEI Number<br><b>65-0588706</b>  | Applied For<br>Not Applicable         |
|  |   | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
|  |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
|  |   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>AMAURY AMARANTE<br/>4500 SW 87 AVE 21<br/>#21<br/>MIAMI FL 33155</b> | 10. Name and Address of New Registered Agent<br>81 Name <b>Amaury Amarante</b><br>82 Street Address (P.O. Box Number's Not Acceptable) <b>8991 SW 38 St</b><br>83<br>84 City <b>Miami</b> FL 85 Zip Code <b>33166</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                       |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|---------------------------------|---|--|
| TITLE<br><b>D</b>                                | <input type="checkbox"/> DELETE | 1.1 TITLE<br><b>D</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>AMARANTE, AMAURY</b>                  |                                 | 1.2 NAME<br><b>Amaury Amarante</b>                    |  |
| STREET ADDRESS<br><b>4500 S.W. 67TH AVE. #21</b> |                                 | 1.3 STREET ADDRESS<br><b>8991 SW 38 St.</b>           |  |
| CITY-ST-ZIP<br><b>MIAMI FL 33155</b>             |                                 | 1.4 CITY-ST-ZIP<br><b>Miami FL 33166</b>              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE  | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | 2.2 NAME  |  |
| STREET ADDRESS                                   |                                 | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                      |                                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE  | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | 3.2 NAME  |  |
| STREET ADDRESS                                   |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                      |                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE  | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | 4.2 NAME  |  |
| STREET ADDRESS                                   |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                      |                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE  | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | 5.2 NAME  |  |
| STREET ADDRESS                                   |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                      |                                 | 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 do 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.

SIGNATURE: **AMAURY AMARANTE** 1/20/97 (305) 970-0695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)