

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P95000049887  
 1. Corporation Name  
**CARING HANDS ACFE INC.**

Principal Place of Business	Mailing Address
12235 NW 22ND Avenue Miami, FL 33167	

2. Principal Place of Business	2a. Mailing Address
21 Same as above	26 Same as above
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <u>6/25/95</u>	3a. Date of Last Report <u>5/17/96</u>
4. FEI Number <u>65-0594974</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
6. 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**

Lilla Laura Bentley  
12235 NW 22nd Avenue  
Miami, FL 33167

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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**

TITLE <b>VP</b>	NAME <b>Roma McGahee</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>14460 NW 22nd Avenue Apt. 8</b>	CITY- ST- ZIP <b>Miami, FL 33054</b>	
TITLE <b>S</b>	NAME <b>Michelle White</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>9380 S. Meadow Circle</b>	CITY- ST- ZIP <b>Miramar, FL 33025</b>	
TITLE <b>T</b>	NAME <b>Carolyn Hester</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>795 NW 170 Terrace</b>	CITY- ST- ZIP <b>Miami, FL 33169</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY- ST- ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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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:** L. Laura Bentley **L. LAURA BENTLEY** 4/29/97 305-635-7444  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)