SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION



Jul 18 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

•	JAL REPORT 1997	<i>(i)</i>	Secretary of State ON OF CORPORATIONS	Secre	tary of St	aic
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DEPENI	DABLE HOME HEALTH	CARE INC.				
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Principal Place		Mailing Address			6141 42111 23131 B1161 1 2 169 1 111 3 119	
5209 NW 74 AVE SUITE 204		5209 NW 74 AVE SUITE 204				
MIAMI FL 3310	66	MIAMI FL 33166			VRITE IN THIS SPACE	
				3. Date Incorporated or Quali	_ 	eport
2. Principal Pl	lace of Business	2a, Mailing Addre	988	07/28/1995 4. FEI Number	09/27/1996	plied For
21		26		65-0602487		l Applicable
Suite, Apt	#, etc.	Suite, Apt. #, e	etc.	5. Certificate of Status Desire	s8.75 A	
City P. Ctote		27 City 8 Ctoto			Fee Re	<u> </u>
City & State 23 Zip		City & State		6. Election Campaign Financi Trust Fund Contribution	Added t	o Fees
24] Zip	Country	Zip	Country 30	This corporation owes or h Personal Property Tax due		angible] No
	g. Name and Address of Cu		100)	10. Name and Address of Ne		
PER	REZ, CLARA M		81 Name	PEREZ CLA	20 M	
	0 MADRID ST.		82 Strept	Address (P.O., Box Number is Not Acq	eptable)	
CO	RAL GABLES FL 33134		83	DU W 33 KG	5/	
			63 /	HIALEAD		
			84 City /		85 Zia (ade
			T T L	1141101		イノノノノ
11. Pursuant t	to the provisions of Sections 607	.0502 and 607.1508, Florida	a Statutes, the above-named	corporation submits this statement for	the purpose of changing its	s registered
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607 egistered agont, or both, in the S m familiar with, and accept the c	.0502 and 607.1508, Florid State of Florida, Such chang bligations of, Section 607.6	a Statutes, the above-named	corporation submits this statement for poration's board of directors. I hereby	the purpose of changing its	registered registered
11. Pursuant to office or reagent. I ar	egistered agent, or both, in the S m familial with, and aegept the c	State of Florida. Such chang obligations of, Section 607 ADDAM	a Statutes, the above-named go was authorized by the corp 505, Florida Statutes.	poration's board of directors. I hereby	the purpose of changing its	s registered registered
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Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under on an 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.

CNATURE:

ADDRESS:

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