

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000063745 (0)**

1. Corporation Name

ALTERNATIVE CARE SERVICES, INC.

Principal Place of Business

**600 NE 36 ST
APT 619
MIAMI FL 33136**

Mailing Address

**600 NE 36 ST
APT 619
MIAMI FL 33136**



2. Principal Place of Business

2a. Mailing Address

21 **10240 SW 56 Street**

26 **10240 SW 56 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **101 and 102**

27 **101 and 102**

City & State

City & State

23 **MIAMI, FLA**

28 **MIAMI, FLA**

Zip

Zip

24 **33173**

25 **USA**

29 **33173**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/17/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0601886

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

10. Name and Address of New Registered Agent

DIAZ-GRANADOS, MARY T

600 NE 36 ST

APT 619

MIAMI FL 33136

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DIAZ-GRANADOS, MARY T**
STREET ADDRESS **600 NE 36 ST APT 619**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **SD** ☐ DELETE
NAME **RAMIREZ, ARTURO**
STREET ADDRESS **13324 SW 46 TERR**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VD** ☐ DELETE
NAME **YOUNG, ADA T**
STREET ADDRESS **1474 NW 97 TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY T DIAZ-GRANADOS

Date

Daytime Phone #

5/15/96 305-2718829

CR2E034 (12/95)