FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067076

1. Corporation Name

DREAMS HEALTH CARE CENTER, INC.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE.

	3. Date Incorporated or Qualified	3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0603896	Applied For
21 800 PALM AVE.	**26** 215 W. 56 ST.		Not Applicable
Suite, Apt. #, etc. **22** SUITE A	Suite, Apt. #, etc. **27**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23** HIALEAH, FL.	City & State **28** HIALEAH, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24** 33010	Country **25** USA	Zip **29** 33012	Country **30** USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name RAMON REYES
	82 Street Address (P.O. Box Number is Not Acceptable)
	83 215 W. 56 ST.
	84 City HIALEAH FL **85** Zip Code 33012

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 _____ RAMON REYES   08/04/96

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D RAMON REYES 215 W. 56 ST. HIALEAH, FL 33012 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	900001925319 -08/19/96--01016--011 ***225.00 ☐ Change ☐ Addition

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: _____   08/04/96   (305)888-8018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #