

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

APPROVED
AND
FILED

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PROFIT CORPORATION ANNUAL REPORT 1996-1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1997 APR 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079936
1. Corporation Name

LAS MARGARITAS RETIREMENT HOME, INC.

Principal Place of Business 16324 SW 99 Ct Miami, FL 33157	Mailing Address P O Box 970409 Miami, FL 33197
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3. Date Incorporated or Qualified 10/18/95	3a. Date of Last Report 10/8/95
4. FEI Number 65-0623396	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent Sara Herrera 16324 S.W. 99th Ct. Miami, FL 33157

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	President/Director SARA HERRERA 16324 S.W. 99th Ct. Miami, FL 33157	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000002151590--3 -04/23/97--01047--004 ****373.75 ****373.75
<input type="checkbox"/> DELETE		2.1 TITLE	2.2 NAME
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		3.1 TITLE	3.2 NAME
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	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 is based 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 on Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:  Sara Herrera, President 4/19/97 305 794 9677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

5-22-97

Florida State
Corporate Services
Attn: Danny Caldwell

Re: Sea Marguerite Retirement
Society Inc.

Dear Mr. Caldwell:

This is to inform you that I never
received any notification of renewal for my
Corporation.

Your help is greatly appreciated
Thank You,

Mrs. Sam Lincoln

P.S. call # 305-794-9677