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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR -8 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084937

1. Corporation Name

Memories of Home, Inc

Principal Place of Business

340 N.W. BLVD
Miami, FL 33124

Mailing Address

340 N.W. BLVD
Miami, FL 33124

2. Principal Place of Business

21 340 N.W. BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 340 N.W. BLVD
Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33124

Country

25 USA

Zip

29 33124

Country

30 USA

9. Name and Address of Current Registered Agent

Marlene Caldwell
4550 S.W. 152 Pl
Miami, FL 33193

10. Name and Address of New Registered Agent

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, and I will, in writing, accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Marlene Caldwell

Marlene Caldwell

March 25/97

(Signature of the person making the change, or the registered agent and U.S. Representative)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I, the undersigned, 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 contained 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: Marlene Caldwell / Marlene Caldwell 3/25/97 305-261-1319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

P95 0000 84937

Page 2 of 2

3/25/97

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern

My name is Maureen Caldwell
and I formed my corporation called
Memories of Home, Inc. in 1995.
Unfortunately, that same year I was
diagnosed with breast Ca that now
has gone to my bones. Since then
I have had surgery, radiation and
chemotherapy for the last 2 years. I am
now doing better and would like to
~~restate~~ reactivate my corporation.
I would appreciate it if you would
waive my fee due to my illness.
Enclosed you will find a check for
\$100.00 for any inconvenience. Thank
you for your cooperation.

Sincerely,
Maureen Caldwell