FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000092933 (7)

1. Corporation Name
CARE INSPECTIONS, INC.

Principal Place of Business
P.O. BOX 650962
MIAMI FL 33265

Mailing Address
P.O. BOX 650962
MIAMI FL 33265

3. Date Incorporated or Qualified: 12/05/1995
3a. Date of Last Report:

2. Principal Place of Business
21 13453 S.W. 39 Lane.
Suite, Apt. #, etc.
22
City & State
23 Miami FL.
Zip
24 33175
Country
25 USA.

2a. Mailing Address
26 13453 S.W. 39 Lane.
Suite, Apt. #, etc.
27
City & State
28 Miami FL
Zip
29 33175
Country
30 USA.

4. FEI Number: 65-0634008 ☐ 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

9. **Name and Address of Current Registered Agent**

DULZAIDES, ARMANDO
7288 N.W. 8TH STREET
MIAMI FL 33172

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 13453 S.W. 39 Lane.
83
84 City Miami FL 85 Zip Code 33175

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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DULZAIDES, ARMANDO	
STREET ADDRESS	P.O. BOX 650962	
CITY-ST-ZIP	MIAMI FL 33265	
TITLE	ST	☐ DELETE
NAME	NUNEZ, JUAN CARLOS	
STREET ADDRESS	P.O. BOX 650962	
CITY-ST-ZIP	MIAMI FL 33265	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Pre. - Treasurer	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	13453 S.W. 39 Lane.	
1.4 CITY-ST-ZIP	Miami FL. 33175	
2.1 TITLE	Secretary	☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	13453 S.W. 39 Lane	
2.4 CITY-ST-ZIP	Miami FL. 33175	
3.1 TITLE	Rosaymel Herrera.	☐ Change ☑ Addition
3.2 NAME	Vice-President	
3.3 STREET ADDRESS	13453 S.W. 39 Lane	
3.4 CITY-ST-ZIP	Miami FL. 33175	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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] 2-9-96 266-2220

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

CR2E034 (12/95)