

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90036 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000097954

1. Corporation Name
LOVING CARE TRANSPORTATION, INC.



Principal Place of Business
 721 NW 21 CT
 MIAMI FL 33125

Mailing Address
 721 NW 21 CT
 MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1995

2. Principal Place of Business
 21 **2141 NW 7 ST**
 Suite, Apt. #, etc.
 22 **102**
 City & State
 23 **MIAMI, Florida**

2a. Mailing Address
 26 **2141 NW 7 Street**
 Suite, Apt. #, etc.
 27
 City & State
 28 **MIAMI, Florida**

4. FEI Number
65-0651158

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **33125** 25 **USA**

29 **33125** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASYSTA, TOMAS
410 SW 136 AVE
SUITE 101
MIAMI FL 33184

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

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

T
ASYSTA, TOMAS
410 SW 136 AVE
MIAMI FL 33184

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

D
CREGO, PIERRE
5601 COLLINS AVE, PH-14
MIAMI BEACH FL 33139

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

DELETE

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

DELETE

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

DELETE

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

DELETE

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE: **TOMAS ASYSTA** **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **(305) 6422206**

CR2E034 (11/98)