

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000015671 (6)**

1. Corporation Name

WE CARE MEDICAL CLINIC, INC.



Principal Place of Business 330 SOUTHWEST 27 AVENUE, SUITE 409 MIAMI FL 33135	Mailing Address 330 SOUTHWEST 27 AVENUE, SUITE 409 MIAMI FL 33135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13760 S.W. 56 Street Suite, Apt. #, etc. 22 Suite - H City & State 23 Miami, Florida Zip 24 33175		2a. Mailing Address 26 13760 S.W. 56 Street Suite, Apt. #, etc. 27 Suite - H City & State 28 Miami, Florida Zip 29 33175		3. Date Incorporated or Qualified 02/20/1996		3a. Date of Last Report	
				4. FEI Number 65-0642403		Applied For Not Applicable	
				5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

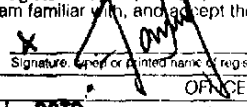
9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
843 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name Samuel Arriaga
82 Street Address (P.O. Box Number is Not Acceptable) 16710 N.W. 75th Avenue
83
84 City Miami Lakes
85 Zip Code FL 33015

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARRIAGA, SAMUEL 330 SOUTHWEST 27 AVENUE, SUITE 409 MIAMI FL 33135	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PSTD ARRIAGA, SAMUEL 13760 S.W. 56 STREET, SUITE - H MIAMI, FLORIDA 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEON, MIGUEL A 330 SOUTHWEST 27 AVENUE, SUITE 409 MIAMI FL 33135	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Leon, Miguel A 13760 S.W. 56 Street, Suite - H Miami, Florida 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 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. Information indicated on this annual report or supplemental annual report is true and accurate and that my signature is that of an officer or director of the corporation or the receiver or trustee empowered to execute this report. It appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)