

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000021568 (6)

1. Corporation Name

ABBA HOME HEALTH CARE CORP



Principal Place of Business 3121 PONCE DE LEON BLVD CORAL GABLES FL 33134 US	Mailing Address 15700 SW 103RD AVE MIAMI FL 33157 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3121 PONCE DE LEON BLVD Suite, Apt. #, etc. 22 City & State 23 CORAL GABLES, FLA Zip 24 33134 Country 25 DADE		2a. Mailing Address 26 15700 S.W 103 AVE Suite, Apt. #, etc. 27 MIAMI, FLA City & State 28 MIAMI, FLA Zip 29 33157 Country 30 DADE		3. Date Incorporated or Qualified 03/06/1996	4. FEI Number 65-0645834 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	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. Name and Address of Current Registered Agent FERRARA, JOSEPH A 3121 PONCE DE LEON BLVD CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name FERRARA, JOSEPH A. 82 Street Address (P.O. Box Number is Not Acceptable) 3121 PONCE DE LEON BLVD 83 CORAL GABLES 84 City CORAL GABLES FL 85 Zip Code 33134			
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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SAME AS # 9.
Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FERNANDEZ, BENITO A		1.2 NAME				
STREET ADDRESS	3121 PONCE DE LEON BLVD		1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP				
TITLE	DTS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FERNANDEZ, DOLORES T		2.2 NAME				
STREET ADDRESS	3121 PONCE DE LEON BLVD		2.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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)(f), 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; and that I am duly authorized 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 in an attachment, if an address.

SIGNATURE [Signature] DATE 05/06/98 (30) 252-0503

CR2E034 (10/97)