


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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000030289
1. Corporation Name
MAREN Health Services, INC

Principal Place of Business: 75 SW 8th St, Suite 400, Miami, FL 33130
Mailing Address: 444 Brickell Ave, Suite 51, Plaza 241, Miami, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: April 8, 1996
4. FEI Number: 05-0658087
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 owes or has paid the current year intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
26. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent
Teresa G. Jones
1624 Tigertail Ave
Miami, FL 33133

10. Name and Address of New Registered Agent
81 Name: N/A
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: Teresa Gray Jones Teresa Gray Jones #1/13/98

12. OFFICERS AND DIRECTORS

TITLE	Director/owner	<input type="checkbox"/> DELETE
NAME	Teresa Gray Jones	
STREET ADDRESS	1624 Tigertail Ave	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	N/A	<input type="checkbox"/> DELETE
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE	N/A	<input type="checkbox"/> DELETE
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE	N/A	<input type="checkbox"/> DELETE
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	N/A
1.3 STREET ADDRESS	N/A
1.4 CITY-ST-ZIP	N/A
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	N/A
2.3 STREET ADDRESS	N/A
2.4 CITY-ST-ZIP	N/A
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	N/A
3.3 STREET ADDRESS	N/A
3.4 CITY-ST-ZIP	N/A
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	N/A
4.3 STREET ADDRESS	N/A
4.4 CITY-ST-ZIP	N/A
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	N/A
5.3 STREET ADDRESS	N/A
5.4 CITY-ST-ZIP	N/A
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	5000002494705
6.3 STREET ADDRESS	-04/21/98--01022--0004
6.4 CITY-ST-ZIP	***158.75

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.
SIGNATURE: Teresa Gray Jones Teresa Gray Jones 4/13/98 (305) 358-5494

CR2E034 (10/97)