Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600042110

Country

25

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SWEET HOME CARE, INC.

Principal Place of Business	Mailing Address	
920 SW 2 ST. Alami FL 33144	5920 SW 2 ST. Miami Fl 33144	

26

27

28

29

2a. Mailing Address

City & State

Suite, Apt. #, etc.

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90068 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible
Personal Property Tax.

Trust Fund Contribution

Personal Property Tax.

05/16/1996 4. FEI Number

65-0761796

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nerety accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridas Statutes.  SIGNATURE    12	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
SSQL SW 2 ST.  MIAMI FL 33144    83			81	Name			i			
MIAMI FL 33144    83	PERE	ez, maria	82	Street	Address (P.O. Box Number is Not Acceptable)					
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 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    Signature	5920	SW 2 ST.	102	Suger	Address (1.0. box Halliber is Not Associate)					
T1. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida. Stabutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.6505, Florida Stabutes.  SIGNATURE  Signature, hope or printed runne or registered agent and feel it applicable.  (NOTE: Registered Agent agentance received Agent age	MIAN	ALFL 33144	83							
T1. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida. Stabutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.6505, Florida Stabutes.  SIGNATURE  Signature, hope or printed runne or registered agent and feel it applicable.  (NOTE: Registered Agent agentance received Agent age			-			los 7ir	Codo			
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE DPT	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	ed Ager	nt signature r	equired when reinstating) DATE		——— )			
NAME PEREZ, MARIA STREET ADDRESS SP20 SW 2 ST. CITY-ST-ZP MIAMI FL 33144  TITLE DVS DVS DELETE 22 NAME PEREZ, JOSE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP MIAMI FL 33144  DELETE 32 NAME 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZP TITLE DELETE 41 TITLE A2 NAME STREET ADDRESS CITY-ST-ZP DELETE A3 STREET ADDRESS CITY-ST-ZP TITLE A2 NAME STREET ADDRESS CITY-ST-ZP DELETE A4 CITY-ST-ZP TITLE A2 NAME STREET ADDRESS CITY-ST-ZP DELETE A4 CITY-ST-ZP TITLE A4 CITY-ST-ZP A4 CITY-ST-ZP A4 CITY-ST-ZP TITLE A4 CITY-ST-ZP A4			·.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12			
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Country

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officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR APRIL 10, 1999