

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

99 MAY 11 PM 2:31

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96 0000 93450
1. Corporation Name
Melody's Care Inc.

Principal Place of Business Mailing Address
*1394 W. 76th St Same
Hialeah, Fla. 33014*

REINSTATEMENT 98-99

2. Principal Place of Business *same*
2a. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

3a. Date of Last Report *8/96*
3. Date Incorporated or Qualified *8-16-96*
4. FEI Number *65-0677732* Applied For Not Applicable
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 has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
*Jose Antonio Luis
5560 W. 8 Lane
Hialeah, Fla. 33012*

10. Name and Address of New Registered Agent
81 Name *Miguel Soto Jr.*
82 Street Address (P.O. Box Number is Not Acceptable) *1394 W. 76th*
83 City *Hialeah Fla.* FL 85 Zip Code *33014*

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 *Jose A. Luis* DATE *5-5-99*

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
 DELETE
*P/O Jose Antonio Luis
5560 W. 8 Lane
Hialeah, Fla. 33012*
 DELETE
 DELETE
 DELETE
 DELETE
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Add
11 TITLE *P/O Miguel Soto Jr.*
12 NAME *P/O Miguel Soto Jr.*
13 STREET ADDRESS *1394 W. 76th*
14 CITY-ST-ZIP *Hia. Fla. 33014*
21 TITLE *P/O*
22 NAME *Serapio Bello Camps*
23 STREET ADDRESS *5561 N. W. 100th*
24 CITY-ST-ZIP *Mia. Fla. 33147*
31 TITLE *800002874418*
32 NAME *-05/13/99-01108-001*
33 STREET ADDRESS ****900.00 ***900.00*
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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(3)(X), 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. If 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: *Jose A. Luis* DATE *5-5-99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #