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

PROFIT CORPORATION **ANNUAL REPORT**

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049423 (2)

BLANCO HOME CARE CORPORATION

Principal Place of Business

Mailing Address

FILED May 14 1998 8:00am Secretary of State



604-606 N.W. 29 AVENUE 3061 S.W. 12 ST. MIAMI FL 33125 MIAM! FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 2821 SW 65th Avenue 21 Not Applicable 65-0676704 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Miami Florida 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 33155 DADE 24 Personal Property Tax due June 30. ☐ Yes ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BLANCO, JUAN 2821 S.W. 65TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typnid or printed name of registered agent and title d applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 12. 13. DELETE Change Addition TITLE 1.1 TITLE BLANCO, JUAN NAME 1.2 NAME CRZES34 2821 S.W. 65TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 14 CITY-S1-ZIP DELETE Chance Addition TITE F 21 TITLE **BURNSIDE, MARY** 2.2 NAME NAME 2821 S.W. 65TH AVE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 2. 4 CITY - ST - ZIP □ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby 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 of suppliemental 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 chariged

with⊾an address