

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90004 030 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000051856**

1. Corporation Name

**MIAMI HOME CARE, INC.**



Principal Place of Business

**721 N.W. 13TH AVENUE  
MIAMI FL 33125**

Mailing Address

**721 N.W. 13TH AVENUE  
MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/18/1996**

2. Principal Place of Business

**21 427 NE 24 ST**

2a. Mailing Address

**26 427 NE 24 ST**

4. FEI Number

**65-0673547**

Applied For

Not Applicable

Suite, Apt. #, etc.

**22 Miami, FL**

Suite, Apt. #, etc.

**27**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

City & State

**23 33137**

City & State

**28 Miami, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

Zip

**24**

Country

**25 Dade**

Zip

**29 33137**

Country

**30 Dade**

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**SAAVEDRA, ROSA M  
721 N.W. 13TH AVENUE  
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name

**Saavedra, Rosa M**

82 Street Address (P.O. Box Number is Not Acceptable)

**427 NE 24 ST**

83

84 City

**Miami**

**FL**

85 Zip Code

**33137**

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

**Rosa M Saavedra**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**07/09/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SAAVEDRA, ROSA M**  
STREET ADDRESS **11052 N.W. 6TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

**Rosa M Saavedra**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/09/99 (805) 576 8930**

Date

Daytime Phone #

CR2E034 (5/99)

07/08/98.

TO Whom it may concern: 00600051856

605097-9004-20

this is to let you know that we never received the corporation notification, due that we had moved & left a P.O. box instead. Apparently the documents did not come to the P.O. Box due to misunderstanding or else.

I would appreciate if you can please consider the problem. I have always been on time, and I don't think anybody would like to pay \$400.00 extra when they could pay the regular amount. Once more thank you for your understanding.

BstH  
Rosa Suarez