

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P96000059306 (6)

1. Corporation Name
CITY HOME CARE, INC.



Principal Place of Business

Mailing Address

~~4011 SW 15TH ST
 MIAMI FL 33185~~

~~4011 SW 15TH ST
 MIAMI FL 33185~~

3. Date Incorporated or Qualified
07/16/1996

3a. Date of Last Report

21 **238 West First Court**
 Suite, Apt. #, etc.

26 **238 West First Court**
 Suite, Apt. #, etc.

4. FEI Number
65-0685431

Applied For
 Not Applicable

22

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Key Largo FL**
 City & State

28 **Key Largo FL**
 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33037** 25 **Monroe**

29 **33037** 30 **Monroe**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETTIT, LAZARO F
~~4011 SW 15TH ST
 MIAMI FL 33185~~

81 Name **LAZARO F PETIT**

82 Street Address (P.O. Box Number is Not Acceptable)
238 WEST FIRST COURT

83

84 **Key Largo FL** 85 **33037**

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 of 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]*

DATE: **3-10-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE DELETE
 NAME **PTD PETIT, LAZARO F**
 STREET ADDRESS ~~4011 SW 15TH ST~~
 CITY, ST, ZIP ~~MIAMI FL 33185~~

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **238 WEST FIRST COURT**
 1.4 CITY-ST-ZIP **KEY LARGO FL 33037**

FILE DELETE
 NAME **VSD ABREGO, ALBERTO**
 STREET ADDRESS **8127 SW 17TH PLACE**
 CITY, ST, ZIP **MIAMI FL 33183**

2.1 TITLE Change Addition
 2.2 NAME **V.P. ANA PETIT**
 2.3 STREET ADDRESS **238 WEST FIRST COURT**
 2.4 CITY-ST-ZIP **KEY LARGO FL 33037**

FILE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

FILE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

FILE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

FILE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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)(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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3-10-97**
 305 453-0526

CR2E034 (9/96)