

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

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Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072659 (1)  
1. Corporation Name  
ADMITCARE, INC.

Principal Place of Business

Mailing Address

8325 N.W. 53 ST  
STE. 100  
MIAMI FL 33166  
US

P.O. BOX 141966  
MIAMI FL 33114  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	8125 NW 53 Street	26	
22	Suite, Apt. #, etc. 116	27	Suite, Apt. #, etc.
23	City & State Miami, FL	28	City & State Coral Gables, FL
24	Zip 33166	29	Zip 33114-1966
25	Country USA	30	Country USA

3. Date Incorporated or Qualified 08/30/1996	
4. FEI Number 65-0690794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
DIAZ, MARIALENA 8325 N.W. 53 ST STE. 100 MIAMI FL 33166	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	8125 NW 53 Street
83 Suite #116	
84 City Miami	85 Zip Code FL 33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D CEJAS, PAUL L 200 S. BISCAYNE BLVD. #2410 MIAMI FL 33131
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D MARTINEZ, OSVALDO S 200 S. BISCAYNE BLVD. #2410 MIAMI FL 33131
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D Julie Neitzel
1.2 NAME	
1.3 STREET ADDRESS	420 Lincoln Road, Suite #432
1.4 CITY-ST-ZIP	Miami Beach, FL 33139
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	8125 NW 53 Street, Suite 116
2.4 CITY-ST-ZIP	Miami, FL 33166
3.1 TITLE	D Pablo Cajas
3.2 NAME	
3.3 STREET ADDRESS	420 Lincoln Road, Suite #432
3.4 CITY-ST-ZIP	Miami Beach, FL 33139
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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)(f), 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: OSVALDO MARTINEZ, PRESIDENT

2/25/98

CR2E034 (10/97)