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Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000074430 (5)

1. Corporation Name  
PONJUAN HOME CARE, INC.

Principal Place of Business  
440 EAST 23RD STREET  
#1315  
HIALEAH FL 33013

Mailing Address  
440 EAST 23RD STREET  
#1315  
HIALEAH FL 33013-3940



3. Date Incorporated or Qualified 09/04/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 6001 NW 153 ST  
Suite, Apt. #, etc.  
22 SUITE 159  
City & State  
23 MIAMI LAKES FL  
Zip  
24 33014  
Country  
25 DADE  
26 6001 NW 153 ST  
Suite, Apt. #, etc.  
27 SUITE 159  
City & State  
28 MIAMI LAKES FL  
Zip  
29 33014  
Country  
30 DADE

4. FEI Number 65-0694-222  
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

10. Name and Address of New Registered Agent

SANCHEZ, MAYRAH  
440 EAST 23RD STREET  
#1315  
HIALEAH FL 33013

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input checked="" type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	1.3 STREET ADDRESS
1.1 TITLE <input type="checkbox"/> DELETE	NAME	1.4 CITY-ST-ZIP	1.5 NAME
1.2 NAME	1.3 STREET ADDRESS	2.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	2.2 NAME
1.4 CITY-ST-ZIP	1.5 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
1.6 CITY-ST-ZIP	1.7 NAME	3.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	3.2 NAME
1.8 CITY-ST-ZIP	1.9 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
1.10 CITY-ST-ZIP	1.11 NAME	4.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	4.2 NAME
1.12 CITY-ST-ZIP	1.13 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
1.14 CITY-ST-ZIP	1.15 NAME	5.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	5.2 NAME
1.16 CITY-ST-ZIP	1.17 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
1.18 CITY-ST-ZIP	1.19 NAME	6.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	6.2 NAME
1.20 CITY-ST-ZIP	1.21 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 in an attachment with an address.

SIGNATURE: X MAYRAH M. AZCUE 4-16-97 (305) 557-9367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)