

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP 17 AM 10:21

DOCUMENT # P96000078723 (9)

1. Corporation Name
CARE OF GOOD SAMARITAN, INC



Principal Place of Business

7821 NE 2TH AVE.
MIAMI FL 33137

Mailing Address

7821 NE 2TH AVE.
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1996	3a. Date of Last Report
4. FEI Number	<input type="checkbox"/> Applied For <input checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HILAIRE, EMMANUEL
11650 NW 10TH AVE.
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

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
NAME HILAIRE, EMMANUEL
STREET ADDRESS 11650 NW 10TH AVE.
CITY-ST-ZIP MIAMI FL 33188

TITLE D
NAME FILUS, BYRON
STREET ADDRESS 1400 NE 117 ST.
CITY-ST-ZIP MIAMI FL 33161

TITLE D
NAME SOUFFRANT, EMMANUEL
STREET ADDRESS 1885 NW 134 ST.
CITY-ST-ZIP N. MIAMI FL 33167

TITLE D
NAME FILUS, JACKSON
STREET ADDRESS 1431 NE 148 ST.
CITY-ST-ZIP N. MIAMI FL 33161

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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 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 OF EMMANUEL HILAIRE 09/16/97

CR2E034 (4/97)

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Care of Good Samaritan, Inc.
7921 NE 2nd Ave.
Miami, FL 33137

September 15th, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Peace be with you through Jesus Christ!

I have received the annual report form as a second notice. However, I haven't received any annual report yet. If I were already received one, I would mail it long time ago. And the reason why I mail this one now is because I was not in town for a long period of time.

And I am considering that this month is really our first month because the business is going to get started seriously; and then I will apply for FEI and pay taxes accordingly.

Therefore, I would beg you to accept my apologize and the enclose money order of \$165.00.

Thank you!


Emmanuel Hilaire