

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

FILED

Apr 11 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 # P96000082697 (9)

1. Corporation Name  
HISPANCARE, INC.



Principal Place of Business  
P.O. BOX 546005  
SURFSIDE FL 33154-0005

Mailing Address  
P.O. BOX 546005  
SURFSIDE FL 33154-0005

3. Date Incorporated or Qualified  
07/30/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 33154-6005

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONTE, EMILIO J  
4630 S.W. 2ND TERRACE  
MIAMI FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
9317 COLLINS AVE., #25

83

84 City SURFSIDE

FL

85 Zip Code 33154

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MONTE, EMILIO J  
STREET ADDRESS 4630 S.W. 2ND TERRACE  
CITY-ST-ZIP MIAMI FL 33134

1.1 TITLE D  
1.2 NAME MONTE, EMILIO J.  
1.3 STREET ADDRESS 9317 COLLINS AVE., #25  
1.4 CITY-ST-ZIP SURFSIDE, FL 33154

TITLE D  
NAME ARFANIS, JOHN N  
STREET ADDRESS 1351 S.E. 7TH AVENUE, #102  
CITY-ST-ZIP DANIA FL 33004

2.1 TITLE D  
2.2 NAME MANNO, EILEEN M.  
2.3 STREET ADDRESS ONE HARBOUR WAY, #105  
2.4 CITY-ST-ZIP BAL HARBOUR, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 (305) 861-6020  
Date Daytime Phone #

0207871

CR2034 (9/96)