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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Secretary of State **DIVISION OF CORPORATIONS**

P96000103694 (1)

1000

FILED May 13 1998 8:00am Secretary of State

MIAMI CAH CARE INC.			 	
Principal Place of Business	Mailing Address		-{	1100 14410 91110 1814 6104 1001
391 5W 13810 AVE 7991 SW 1361H AVE MIAMI FL 33183 S 18848 5W 14212 AV US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
Lieui; F1 33186			12/23/1996	
2. Principal Place of Business	2a. Mailing Address	_	4. FEI Number	Applied For
13943 EW 142 NO AUC	26 7931 SW 1364h	Ave	65-0732332	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 MAMI - Florida	City & State 28 Wissis, FL 3319	3	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33) 86 25 Dale	Zip	ade	This corporation owes or has paid the c Personal Property Tax due June 30.	current year Intangible
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CAMPS, ESTRELLA		81 Name		
7931 SW 138TH AVE MIAMI FL 33183		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida, Such change was authorize poot, Section 607.0505, Florida Sta	d by the corporation	on's board of directors. I hereby accept the ap	of changing its registered oppointment as registered

(NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE CAMPS, ESTRELLA 1.2 NAME NAME 7931 SW 136TH AVE 1.3 STREET ADORESS STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME CAMPS, JORGE J 2.2 NAME STREET ADDRESS 7931 SW 136TH AVE 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 supplienental 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:

1-7-98 BOS) 971-1700