

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90114 011 ***150.00

DOCUMENT # P97000020075

1. Corporation Name
PALMETTO HOMECARE BARGAIN DEPOT, INC.

Principal Place of Business
4768 NW 167 ST.
MIAMI FL 33014

Mailing Address
4768 NW 167 ST.
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/04/1997

4. FEI Number
65-0734189

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 4882 NW 167 St

2a. Mailing Address
26 4882 NW 167 St

22 Suite, Apt. #, etc.
Miami FL

27 Suite, Apt. #, etc.
Miami FL

23 City & State
33014 U.S.A.

28 City & State
Miami FL

24 Zip
25 Country

29 Zip
30 Country

9. Name and Address of Current Registered Agent

RODRIGUEZ, ORLANDO
4768 NW 167 ST.
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name Rodriguez, Orlando
82 Street Address (P.O. Box Number is Not Acceptable) 4882 NW 167 St.
83
84 City Miami FL 85 Zip Code 33014

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 Sepeana Sec/Treas. 4/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME RODRIGUEZ, ORLANDO
STREET ADDRESS 4768 NW 167 ST.
CITY-ST-ZIP MIAMI FL 33014

TITLE STD ☐ DELETE
NAME TRIANA, GEORGINA
STREET ADDRESS 4768 NW 167 ST.
CITY-ST-ZIP MIAMI FL 33014

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Rodriguez, Orlando ☐ Change ☐ Addition
1.2 NAME President
1.3 STREET ADDRESS 4882 NW 167 St
1.4 CITY-ST-ZIP Miami, FL 33014

2.1 TITLE STD ☐ Change ☐ Addition
2.2 NAME Georgina Triana
2.3 STREET ADDRESS 4882 NW 167 St
2.4 CITY-ST-ZIP Miami, FL 33014

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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)(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, with all other like empowered.

SIGNATURE:

Sepeana SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99
Date

(305) 621-7410
Daytime Phone #

0130820

CR2E034 (11/98)