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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000020466 (3)

1. Corporation Name

BAYMAR ENTERPRISES/CARE CENTER, INC.

Principal Place of Business

2100 NORTHWEST 107TH AVE.  
MIAMI FL

Mailing Address

2100 NORTHWEST 107TH AVE.  
MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

☒ 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2100 NW 107th Ave.

26 2100 NW 107th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL

28 MIAMI, FL

24 Zip Country

29 Zip Country

33172 DADE

33172 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERRERA, MARIA T  
14861 SOUTHWEST 56TH TERRACE  
MIAMI FL 33193

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

*M. Herrera*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME HERRERA, MARIA T  
STREET ADDRESS 14861 SOUTHWEST 56TH TERRACE  
CITY-ST-ZIP MIAMI FL 33193

TITLE S ☒ DELETE  
NAME MESA, MIGUELINA  
STREET ADDRESS 11465 SOUTHWEST 148TH PATH  
CITY-ST-ZIP MIAMI FL 33196

TITLE VP ☐ DELETE  
NAME Maria Alejandra Valenzuela  
STREET ADDRESS 2926 West Trade Ave.  
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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.

SIGNATURE:

*M. Herrera*

MARIA T. Herrera

4/28/98

305/513-8978

CR2E034 (10/97)