

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 16 1998 8:00am
Secretary of State

DOCUMENT # **P97000048954 (6)**

1. Corporation Name
LORETTO HOME CARE INC.



Principal Place of Business
**10029 S.W. 5TH STREET
MIAMI FL 33174**

Mailing Address
**10029 S.W. 5TH STREET
MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

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 26 27 28 29 30

9. Name and Address of Current Registered Agent

**SANABRIA, BARBARA M
7150 COOLIDGE STREET
HOLLYWOOD FL 33024**

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number

65-0776050

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

10. Name and Address of New Registered Agent

81 Name **MARGARITA R. PENEQUE**
82 Street Address (P.O. Box Number is Not Acceptable)
10029 S.W. 5TH STREET
83
84 City **MIAMI** FL 85 Zip Code **33174**

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

Margarita R. Peneque

MARGARITA R. PENEQUE Pres.

7/1/98

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 **PD** ☐ DELETE
NAME **PENEQUE, MARGARITA R**
STREET ADDRESS **10029 S.W. 5TH STREET**
CITY-STATE-ZIP **MIAMI FL 33174**

TITLE ☐ DELETE
NAME
STREET ADDRESS
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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

Margarita R. Peneque

MARGARITA R. PENEQUE

7/1/98 (202) 228-8622

CR2E034 (5/98)

(2)

MAIL

August 26, 1998

Florida Department Of State
Sandra B. Mortham
Secretary of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Mortham:

Pursuant to your letter dated July 21, 1998, I am notifying you that this is the only letter I have seen in my attention. On July 1, 1998 I had sent your company, check #140 in the amount of \$150.00. The check has been sent back with this attached letter noting that our corporation will be closed down if I do not pay a \$400.00 late fee. To my knowledge, I never made a late payment because I had never received any notices, stubs notifying me to what was my amount payment and by when was it due. I apologize for the misunderstanding, but I myself do not understand what I should do. I will not pay any late fees when I did pay my part and was never informed of the first letter that was sent.

Sincerely,

Margarita Paneque, President
LORETTO HOME CARE, INC.
10029 SW 5TH STREET
MIAMI, FL 33174
(305)-228-8627