


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

0257123

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90026 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000057329**

1. Corporation Name  
**LEGALCARE, INC.**



Principal Place of Business 9300 NW 58TH ST, SUITE 201 MIAMI FL 33178	Mailing Address 9300 NW 58TH ST, SUITE 201 MIAMI FL 33178
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3963 ADRA AVENUE</b>	2a. Mailing Address 26 <b>3963 ADRA AVENUE</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>MIAMI FL</b>	City & State 28 <b>MIAMI FL</b>
Zip 24 <b>33178</b>	Country 25 <b>USA</b>
Zip 29 <b>33178</b>	Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>06/30/1997</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0764731</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

g. Name and Address of Current Registered Agent

**FROCHAUX, CHRISTOPHE**  
 9300 NW 58TH ST, SUITE 201  
 MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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: *Christophe Frochaux* **CHRISTOPHE FROCHAUX, REG-AGENT** DATE: **3/10/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FROCHAUX, CHRISTOPHE</b>	
STREET ADDRESS	<b>9300 NW 58TH ST, STE 201</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FROCHAUX, RITA</b>	
STREET ADDRESS	<b>9300 NW 58TH ST, STE 201</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GARCIA BERTILDA</b>	
1.3 STREET ADDRESS	<b>3963 ADRA AVENUE</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
2.1 TITLE	<b>VT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GARCIA BERTILDA</b>	
2.3 STREET ADDRESS	<b>3963 ADRA AVENUE</b>	
2.4 CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bertilda Garcia* DATE: **3/10/99** DAYTIME PHONE #: **(305) 477-1456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)