CR2E034 (11/98)

## 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** 

DOCUMENT #

P97000096002 (5)

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME FLORIDIAN HOME CARE OF HIALEAH, INC.

Mailing Address

t	1579 West 60TH St Hialeah, Fl. 33012	1579 West 60TH Street Hialeah Fl. 33012
2.	Principal Place of Business	2a, Mailing Address
21	1579 Metc 60Th	[26]
	Suffe, Apt. #, etc.	Suite, Apt. #, etc.
22		27
	City & State	City & State
23	Hialeah, Fl. 33012	28
	Zip Country	Zip Country
24	33012 25 Dade	29 30
	9. Name and Address of Curre	ent Registered Agent

ELIA R. MURIAS

16392 Stone Haven Rd.

Miami Lakes Fl. 33014

DO N	OT WRITE	IN THIS	SPACE

3. Date Incorporated or Qualifed	1		
4. FEI Number			Applied For
65-0792973			Applied For Not Applicable
5. Certificate of Status Desired	O	\$8.75 Additional Fee Required	
6. Election Campaign Financing	г. ј	<b>\$</b> 5.	<b>00</b> May Be

	Trust Fund Contribution	Added	to Fees
3.	This corporation owes the current y	ear Intangible	
	Personal Property Tay	☐ Yes	DΩ Nα

Personal Property Tax	🗌 Yəs
Name and Address of New Poststand	A

	10. Name and Address of New Registered Agent
31	ALEXANDER CONTRERAS
,	Street Address (P.O. Box Number is Not Acceptable)
33	1579 West 60 St.
	Ch.

FL |85 | 33012 Hialeah, Fl. 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	Signature, typed or p	owned name of soustered agent and title if	applicable INOTE F	Registered Agent signature i	ΒU
12.		OFFICERS AND DIRE	CTORS	13.	
TOTLE	DELTA	R. MURIAS	DELETE	HINTE PD	]
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NAME				5.2 NAME	
STREET ADDRESS				53 STHEET ADDRESS	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [ ] nange [ ] Addition

ALEXANDER CONTRERAS 1579 W. 60 St Hialeah, Fl. 33012

300002892373--5 -06/02/9--0040--020

****150, <u>10</u>		
	[] Change	

[*]Change	[ ] Addition	

f 1Change

Addition

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 logal effect as if made under oat; that I am an officer or director of the corporation or the receiver or trustee empowers. 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 tike empowered.

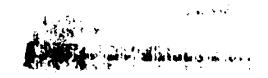
64 CITY - \$1 - 24P

6) TITLE

63 STREET ADDRESS

[ ] DELETE

TO: DIVISION OF CORPORATION P.O. BOX 6327
TALLAHASSEE, FL 32314



FROM: FLORIDIAN HOME CARE OF HIALEAH, INC. 1579 W. 60th STREET

HIALEAH, FL 33012

DOC.# P97000096002

THIS LETTER IS TO INFORM YOUR OFFICE THAT I AM ENCLOSING MY 1999 ANNUAL REPORT ALONG WITH A CHECK FOR \$150.00 US DOLLARS. I NEVER RECEIVED MY ANNUAL REPORT FORM DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS. I DO HOPE YOUR OFFICE ACCEPTS MY APPLICATION WITH PAYMENT.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,
ALEXANDER CONTRERAS
(PRESIDENT/DIRECTOR)