


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

FILED
Apr 13 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 # **P97000098051 (0)**

1. Corporation Name
G.H. GENERAL CARE, INC.



Principal Place of Business	Mailing Address
900 46TH STREET HIALEAH F: 33013	900 46TH STREET HIALEAH F: 33013

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0796542	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81	Name	AMPARO I - GALGUERA
82	Street Address (P.O. Box Number Is Not Acceptable)	900 E 46TH ST
83		HIALEAH - 1
84	City	FL 85
	Zip Code	33013

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/98

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	TITLE	PTD	<input type="checkbox"/> DELETE	13.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	GALGUERA, AMPARO I			1.2 NAME	
	STREET ADDRESS	900 46TH STREET			1.3 STREET ADDRESS	
	CITY-ST-ZIP	HIALEAH F: 33013			1.4 CITY-ST-ZIP	
	TITLE	SVD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	HERNANDEZ, ZOILA			2.2 NAME	
	STREET ADDRESS	900 46TH STREET			2.3 STREET ADDRESS	
	CITY-ST-ZIP	HIALEAH F: 33013			2.4 CITY-ST-ZIP	
	TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME				3.2 NAME	
	STREET ADDRESS				3.3 STREET ADDRESS	
	CITY-ST-ZIP				3.4 CITY-ST-ZIP	
	TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME				4.2 NAME	
	STREET ADDRESS				4.3 STREET ADDRESS	
	CITY-ST-ZIP				4.4 CITY-ST-ZIP	
	TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME				5.2 NAME	
	STREET ADDRESS				5.3 STREET ADDRESS	
	CITY-ST-ZIP				5.4 CITY-ST-ZIP	
	TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME				6.2 NAME	
	STREET ADDRESS				6.3 STREET ADDRESS	
	CITY-ST-ZIP				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:

2/10/98

CR2E034 (10/97)