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

PROFIT , CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

	1998	DIVISION OF CO	PORATIONS	98 APR 20 AN 10: 07
DOCUMENT # P97000099586 (4)				
The Composition of the Compositi				LEURILIANT OF STATE
ASSISTED LIVING COMMUNITIES OF AMERICA, INC.				TALLAHASSEÉ, FLORÍDA
Principal Plac	e of Business	Mailing Address		
2151 SW 24 TERRACE 2151 SW 24 TERRACE				
MIAMI FL 331	145	MIAMI FL 33145		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
,	•			11/21/1997
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
26				Not Applicable
Suite, Apt #, etc. Suite, Apt #, etc. [27]				5. Certificate of Status Desired \$8.75 Additional Fèe Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28]		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country ⁻า	8. This corporation owes or has paid the current year Intangible
24	25 S. Name and Address of Curren	29 3	<u> </u>	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
DUASSO, JOSE L 81 Name				10, 11, 11, 11, 11, 11, 11, 11, 11, 11,
DARK CHI DA TEDDACE				Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33145				assess ( box names to not vossphare)
			83	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	the above named	
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Jose 100550		Ma W	w 4-13-96
	Signature, typed or pre-ted name of registered ages			required when translating) DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	DUASSO, JOSE L	<del></del>	1.2 NAME	Jose DUASSO
STREET ADDRESS	2151 SW 24 TERRACE		1.3 STREET ADDRESS	2151 5W 24 TERRE
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY - ST - 7)P	MIAMI FZ 33/45
TITLE	VD Alvarez, Michael A	DEFETE	2.1 11/1.0	PD, D
NAME STREET ADDRESS	7255 SW 146 ST CIR		2.2 NAME 2.3 STREET ADDRESS	10051 S.W. 14 TERP.
CITY-ST-ZiP	MIAMI FL 33158		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33/74
TITLE	erane de la companya	DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4 C(1Y-S1-ZIP 4.1 T(T) E	-04/21/9801056 -024 Addition
NAME		oreric	4. 2 NAME	-04/21/9801056024
STREET ADDRESS			4.3 STREET ADDRESS	****158.75 ****158.75
City+St-ZiP		<u>-</u>	4.4 CITY - \$1 - ZIF	
TITLE		DELFTE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	۸ ۵
CITY-\$T-ZIP TITLE		DELETE	5.4 CITY-ST-7IP 6.1 TITLE	Change A Am
NAME		, ···-··	6.2 NAME	AR OPIU
STREET ADDRESS			63 STREET ADDRESS	
CITY+ST-ZIP			64 CITY - ST - ZIP	HI.

14. Thereby 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.