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

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90052 025 ***150.00

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DOCUMENT # **P98000050310**

1. Corporation Name
AMERICA'S BEST CARE, INC.

Principal Place of Business	Mailing Address
9240 SUNSET DRIVE SUITE 219 MIAMI FL 33173	9240 SUNSET DRIVE SUITE 219 MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/03/1998

2. Principal Place of Business 21 15661 SW 85 TERRACE APT. 224	2a. Mailing Address 26 15661 SW 85 TERRACE #224
Suite, Apt. #, etc. 22 MIAMI FL	Suite, Apt. #, etc. 27 MIAMI FL
City & State 23 33193 USA	City & State 28 33193 USA
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0843625 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NUGUID, GREGORIO 9240 SUNSET DRIVE SUITE 219 MIAMI FL 33173	81 Name: NUGUID, GREGORIO 82 Street Address (P.O. Box Number is Not Acceptable) 83 15661 SW 85 TERRACE #224 84 City: MIAMI FL 85 Zip Code: 33193

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	NUGUID, PEDRO		1.2 NAME	NUGUID, PEDRO	
STREET ADDRESS	9240 SUNSET DRIVE		1.3 STREET ADDRESS	15661 SW 85 Terrace #224	
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP	Miami FL 33193	
TITLE	VSD	☐ DELETE	2.1 TITLE	VSD	☑ Change ☐ Addition
NAME	NUGUID, LORENZA		2.2 NAME	NUGUID, LORENZA	
STREET ADDRESS	9240 SUNSET DRIVE		2.3 STREET ADDRESS	15661 SW 85 Terrace #224	
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP	Miami FL 33193	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Lourdes Nuguid REQUIRED — 1-14-99 — 305-386-0374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #