

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90003 014 ***550.00

DOCUMENT # P980000797631

1. Corporation Name

SANTA LUCIA ADULT DAY CARE CENTER, INC.

Principal Place of Business

3972 NW 36 STREET
MIAMI FL 33145

Mailing Address

3972 NW 36 STREET
MIAMI FL 33145

1762 CORAL WAY

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1998

4. FEI Number

#65-0868459

Applied For

Not Applicable

5. Certificate 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.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANERA, EDUARDO C
4864 NW 7TH STREET
MIAMI FL 33126

81 Name

EDUARDO CANERA, ESQ

82 Street Address (P.O. Box Number is Not Acceptable)

1762 CORAL WAY

83

84 City

MIAMI

FL

85 Zip Code

33145

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

8/19/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HERRERA, FEDERICO H

STREET ADDRESS 3972 NW 36 ST

CITY-ST-ZIP MIAMI FL 33145

TITLE VD ☐ DELETE

NAME HERRERA, PABLO F

STREET ADDRESS 3972 NW 36 ST

CITY-ST-ZIP MIAMI FL 33145

TITLE SD ☐ DELETE

NAME HERRERA, GUSTAVO

STREET ADDRESS 3972 NW 36 ST

CITY-ST-ZIP MIAMI FL 33145

TITLE D ☐ DELETE

NAME HERRERA, JOSE F

STREET ADDRESS 3972 NW 36 STREET, 2ND FLOOR

CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

JULIO LLAMO

3972 NW 36th Street

Miami, Florida 33145

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/99

Date

Daytime Phone #

CR2E034 (5/99)