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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Kathefine Harris FILED ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1999 99 JUN - 9 AM 10: 24 DOCUMENT # P98000083889 SEURI HARY OF STATE THE SECRET GARDEN HOME CARE INC. 1204 S.W. 118TH COURT 1204 S.W. 118TH COURT MIAMI FL 33184 MIAMI FL 33184 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 09/29/1998 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zio Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. □No 25 ☐ Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROMERO, DEVORA Street Address (P.O. Box Number is Not Acceptable) 82 1204 S.W. 118TH COURT MIAMI FL 33184 06/15/93--01050--008 В3 \*\*\*\*150**.0**0 84 City ections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered th, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered coept the obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provis office or registered ag agent. I am familiar w SIGNATURE en reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME □ DELETE Komero 1.2 NAME STREET ADDRESS 13 STREET ADDRESS MAY 2 1999 32184 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE ATSC IRS #6246 NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE NAME 3.2 NAME 33 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE □ Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change [ ] Addition TITLE 5.1 TITLE 5 2 NAME NAME 53 STREET ADORESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 61TITLE ☐ Change TITLE ☐ Addition NAME

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.

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

02/09/99 (305) 480-74/2 Dayting Prices