

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

DOCUMENT # **P98000084080** ✓

1. Corporation Name

FLORIDA ADULT CARE, INC.

Principal Place of Business

**1940 NW 16 TERRACE
MIAMI FL 33125**

SERRANO ing Address

**1490 W. 49TH PL
STE 310
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1998

4. FEI Number

65-066340

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

2. Principal Place of Business

21 431 EAST 10 ST.

2a. Mailing Address

26 431 EAST 10 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HIALEAH FL

City & State

28 HIALEAH FL

Zip

24 33010

Country

25 USA

Zip

29 33010

Country

30 USA

9. Name and Address of Current Registered Agent

**SERRANO, CARMEN
1490 W. 49TH PL
STE 310
HIALEAH, FL 33012**

10. Name and Address of New Registered Agent

81 Name

SERRANO CARMEN

82 Street

1490 W 49TH PL

83

STE 310

84 City

HIALEAH, FL 33012

FL

85 Zip Code

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 **Carmen Serrano**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

06/30/99

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE

NAME **SERRANO, CARMEN**

STREET ADDRESS **1940 NW 16 TERRACE**

CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSTD** ☒ Change ☐ Addition

1.2 NAME **SERRANO CARMEN**

1.3 STREET ADDRESS **1490 W. 49TH PL #310**

1.4 CITY-ST-ZIP **HIALEAH FL 33012 (305) 822-1907**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: **Carmen Serrano**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/30/99

Date

(305) 888-3066

Daytime Phone #

CR2E034 (5/99)

P98000084080
582989-90007-25

FLORIDA ADULT CARE, INC.

CUIDADO DE ANCIANOS
CARE FOR THE ELDERLY
431 EAST 10 ST
HIALEAH, FL, 33010
PHONE: (305) 888-3066
FAX: (305) 884-5543



July 1st, 1999

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations

Lady:

This letter is in order to inform you that I did not receive the first notice about Annual Reports Filings.

I, Carmen Serrano, is the first time that I own a business. I bought it in October 1st 1998. I did not know about this Report.

Sincerely,

A handwritten signature in cursive script that reads "Carmen Serrano".

Carmen Serrano
President