

APPROVED
AND
FILED

1998 MAR 10 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S34978

(4)

1. Corporation Name

SWEET CARE NURSING, INC.

Principal Place of Business

Mailing Address

1140 WEST 60 STREET
308-A
HIALEAH FL 33012
US

1140 WEST 60 STREET
308-A
HIALEAH FL 33012
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1991

4. FEI Number

65-0247385

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1790 W 49ST

Suite, Apt. #, etc.

22 # 400-3

City & State

23 HIALEAH, FL

Zip

24 33012

Country

25

2a. Mailing Address

26 1790 W 49ST

Suite, Apt. #, etc.

27 # 400-3

City & State

28 HIALEAH, FL

Zip

29 33012

Country

30

9. Name and Address of Current Registered Agent

MELENDEZ-ESTHER
125 W-52ND STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

MASSON JULIO ENRIQUE

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

460 E 59 ST

83

84 City

HIALEAH, FL

FL

85 Zip Code

33013

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

3/3/98

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME MENDEZ, ESTHER
STREET ADDRESS 125 W. 52ND STREET
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition

1.2 NAME MASSON JULIO ENRIQUE
1.3 STREET ADDRESS 460 E 59ST
1.4 CITY-ST-ZIP HIALEAH, FL 33013

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME MASSON MARIA ESTHER
2.3 STREET ADDRESS 460 E 59ST
2.4 CITY-ST-ZIP HIALEAH, FL 33013

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 000002454500--E
3.3 STREET ADDRESS -03/11/98--01117--004
3.4 CITY-ST-ZIP ***150.00 ***150.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

T. J. Masson

3/3/98

CP2E034 (10/97)