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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:35

DOCUMENT # S36506 (1)

1. Corporation Name
NEW ERA CARE CENTER, INC.

Principal Place of Business	Mailing Address
1487 S.W. 131 AVENUE MIAMI FL 33184	1487 S.W. 131 AVENUE MIAMI FL 33184

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/08/1991
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21: 8022 SW 40TH STREET
22: Suite, Apt. #, etc.:
23: City & State: MIAMI, FLORIDA
24: Zip: 33155
25: Country: DADE

2a. Mailing Address
26: 8022 SW 40TH STREET
27: Suite, Apt. #, etc.:
28: City & State: MIAMI, FLORIDA
29: Zip: 33155
30: Country: DADE

4. FEI Number: 65-0246508 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CABRARA, RAUL D.
4201 S.W. 11TH STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: EIDA NIETO
82 Street Address (P.O. Box Number is Not Acceptable): 8022 S.W. 40TH STREET
83:
84 City: MIAMI FL 85 Zip Code: 33155

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: EIDA NIETO 3/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PA ☒ Change ☐ Addition
NAME	MARRERO, JORGE N	1.2 NAME	JEANA JULIA ACOSTA
STREET ADDRESS	1487 S.W. 131 AVE.	1.3 STREET ADDRESS	7115 SW 118 COURT
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE		2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	EIDA NIETO SEC/TREAS/DIR.
STREET ADDRESS		2.3 STREET ADDRESS	18751 NW 77 COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33015
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: JEANA JULIA ACOSTA 3/16/95 (305) 553-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0201662 CP