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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S43522 (9)
1. Corporation Name
ARA HEALTH CARE, INC.



Principal Place of Business: 27501 SOUTH DIXIE HWY. SUITE 404 NARANJA FL 33032 US
Mailing Address: P.O. BOX 970201 MIAMI FL 33197-0201 US

3. Date Incorporated or Qualified: 04/08/1991
3a. Date of Last Report: 11/26/1996
4. FEI Number: 65-0254997
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

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Entry

9. Name and Address of Current Registered Agent
LOCHE, RENE A
8871 SW 198 ST.
MIAMI FL 33157

10. Name and Address of New Registered Agent
81 Name: ISELA LOCHE
82 Street Address (P.O. Box Number is Not Acceptable): 20020 SW 113 PL
83
84 City: MIAMI, FL 85 Zip Code: 33189

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: *Rene A. Loche* ISELALOCHÉ DATE: 5/2/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	NAME: LOCHE, RENE A	1. TITLE:	
STREET ADDRESS: 8871 SW 198 ST.	CITY-ST-ZIP: MIAMI FL 33157	2. NAME:	
		3. STREET ADDRESS:	
		4. CITY-ST-ZIP:	
TITLE: VTD	NAME: LOCHE, ISELA	5. TITLE:	P/S/D/V/T/D
STREET ADDRESS: 8871 SW 198 ST.	CITY-ST-ZIP: MIAMI FL 33157	6. NAME:	LOCHE, ISELA
		7. STREET ADDRESS:	20020 SW 113 PL
		8. CITY-ST-ZIP:	MIAMI, FL 33189
		9. TITLE:	
		10. NAME:	
		11. STREET ADDRESS:	
		12. CITY-ST-ZIP:	
		13. TITLE:	
		14. NAME:	
		15. STREET ADDRESS:	
		16. CITY-ST-ZIP:	
		17. TITLE:	
		18. NAME:	
		19. STREET ADDRESS:	
		20. CITY-ST-ZIP:	

14. I do 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: *Rene A. Loche* DATE: 5/28/97 (305)245-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)