

File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # S62052**
RELIABLE HOME HEALTH AGENCY, INC
5882 W. 20th AVE.
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, use the appropriate information and enter correction in Block 2
ANNUAL REPORT \$51.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified 06/25/1991	3a. Date of Last Report
4. FEI Number 65-0275089	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$138.75 Supplemental Fee Not Required
8. This corporation is not eligible for incorporation under the Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Mailing Address		2a. Principle Place of Business	
1. Suite, Apt. #, etc.	26	1. Suite, Apt. #, etc.	26
2. City & State	27	2. City & State	27
3. Zip	28	3. Zip	28
Country	29	Country	30

9. Name and Address of Current Registered Agent

JUAN J. GUTIERREZ
3160 W 79th place
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
FL	
86. Country	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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]* DATE **3/28/96**

12. OFFICERS AND DIRECTORS

1. TITLE	PRESIDENT
2. NAME	JUAN J. GUTIERREZ
3. ADDRESS	3160 W 79th place
4. CITY - ST - ZIP	HIALEAH FL 33016
5. TITLE	
6. NAME	
7. ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	
10. NAME	
11. ADDRESS	
12. CITY - ST - ZIP	

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE	
1.2 NAME	
1.3 ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY - ST - ZIP	

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*****200.00**

SG 4-3-96

14. I certify that the information indicated on this annual report, supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 or on an attachment with an address.

SIGNATURE *[Signature]* DATE **3/28/96**