

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -6 AM 8:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S81263 (3)

1. Corporation Name

CAREWELL INTERNATIONAL INC.

Principal Place of Business

168 SOUTHEAST FIRST STREET
 SUITE 709
 MIAMI FL 33131-1410

Mailing Address

168 S.E. FIRST STREET
 SUITE 805
 MIAMI FL 33131
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/17/1991

3a. Date of Last Report
02/01/1994

4. FEI Number
65-0284967

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Exemption from Payment of Franchise Fee ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for interstate tax under 3, 1993 U.S. Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1325 N.W. 78th Ave S. 103

2a. Mailing Address

28 5793 S.W. 84th Ave.

Suite, Apt., etc.

22 S. 103

Suite, Apt., etc.

27

City & State

23 Miami - FLA.

City & State

28 Miami - FL.

24 33126

25 Dade

29 33143

30 Dade

9. Name and Address of Current Registered Agent

SACASA, DENNIS J.
168 SOUTHEAST FIRST STREET
SUITE 709
MIAMI FL

10. Name and Address of New Registered Agent

81 Name DENNIS SACASA
82 Street Address (P.O. Box Number is Not Applicable) 2212 SEGONIA CIRCLE
83
84 City CORAL GABLES FL
85 33134

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. This 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 responsibilities of the registered agent under 607.0505, Florida Statutes.

SIGNATURE

[Signature]

NOTE: Registered Agent signature required when registering.

4/26/95

12. OFFICERS AND DIRECTORS

12.1 NAME LANS., HECTOR
12.2 STREET ADDRESS 2360 SOUTHWEST 18TH ST.
12.3 CITY, ST., ZIP MIAMI FL

12.4 NAME SACASA, DENNIS J.
12.5 STREET ADDRESS 301 ALMERIA S-210
12.6 CITY, ST., ZIP CORAL GABLES FL

13. ADDITIONAL OFFICERS AND DIRECTORS

13.1 TITLE PRESIDENT
13.2 NAME HECTOR LANS
13.3 STREET ADDRESS 5793 S.W. 84th Ave.
13.4 CITY, ST., ZIP MIAMI - FL. 33143

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST., ZIP

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST., ZIP

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST., ZIP

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST., ZIP

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 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 110.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report of additional 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 of this filing. I am an attorney with an address:

SIGNATURE:

[Signature] President
 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/95 (305) 477-7775

CR2E034 (3/95)