

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S84107 (9)

1. Corporation Name
ST. SOPHIA HOME HEALTH SERVICES INC.



Principal Place of Business Mailing Address
3191 CORAL WAY SUITE 631 MIAMI FL 33145 US
1545 MILLER RD CORAL GABLES FL 33146

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip - County 28 Zip Country 29 Country 30

3. Date Incorporated or Qualified **10/02/1991** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0304598** 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

**ALVAREZ, ANTONIO A.
4861 S.W. 5TH TERRACE
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name **ANTONIO A. ALVAREZ**
82 Street Address (P.O. Box Number is Not Acceptable); **1545 MILLER RD**
83 **CORAL GABLES**
84 City **CORAL GABLES** FL 85 Zip Code **33146**

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 change of, Section 607.0509, Florida Statutes.

SIGNATURE

[Signature]

3/28/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALVAREZ, ANTONIO A	
STREET ADDRESS	1545 MILLER RD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHANG, MONA	
STREET ADDRESS	1545 MILLER RD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	ALVAREZ ALICIA A
23. STREET ADDRESS	1545 MILLER RD
24. CITY-ST-ZIP	CORAL GABLES FL 33146
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY-ST-ZIP	
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	300001791273
4.4. CITY-ST-ZIP	-04/23/96--01131--031
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	***200.00
5.3. STREET ADDRESS	
5.4. CITY-ST-ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
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)(k), 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 registered business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if it is not an attachment with an address.

SIGNATURE:

[Signature] **ANTONIO A. ALVAREZ, PRESIDENT.**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (305) 666-7374
DATE OF FILING

CR2E034 (12/95)