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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S87340** (3)

1. Corporation Name

ALLSTAR CARE, INC.



Principal Place of Business

Mailing Address

15327 NW 60TH AVE
STE 210
MIAMI LAKES FL 33014
US

15327 NW 60TH AVE
STE 210
MIAMI LAKES FL 33014
US

3. Date Incorporated or Qualified

10/15/1991

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 15291 NW 60th Ave

26 15291 NW 60th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami Lakes #101

27 101

City & State

City & State

23 Miami Lakes

28 Miami Lakes

Zip

Zip

24 33014

29 33014

Country

Country

25 US

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BILBAO, ERKYS M.
7801 WEST 7TH AVENUE
HIALEAH FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Erkys M. Bilbao / v.p.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME BILBAO, CASTOR
STREET ADDRESS 15327 NW 60TH AVE STE 210
CITY- ST- ZIP MIAMI LAKES FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE VTD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME BILBAO, ERKYS M
STREET ADDRESS 15327 NW 60TH AVE STE 210
CITY- ST- ZIP MIAMI LAKES FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

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 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 or on an attachment with an address.

SIGNATURE:

Erkys M. Bilbao / v.p.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/96

CR2E034 (12/95)