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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S87616 (6)

1. Corporation Name
SUMMERTIME HOME CARE, INC.

Principal Place of Business

523 EAST 25TH STREET
HALEAH FL 33013
US

Mailing Address

523 EAST 25TH STREET
HALEAH FL 33013-9812
US



3. Date Incorporated or Qualified 10/16/1991	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0293472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ALMORA, MARGARITA
523 EAST 25TH STREET
HALEAH FL 33013

10. Name and Address of New Registered Agent

(81) Name Hernandez Ignacio
(82) Street Address (P.O. Box Number is Not Acceptable)
523 East 25th Street
(83)
(84) City Hialeah FL (85) Zip Code 33013

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 (P. L. FERNANDEZ) IGNACIO HERNANDEZ 03/26/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	ALMORA, MARGARITA	
STREET ADDRESS	523 EAST 25TH STREET	
CITY-ST-ZIP	HALEAH FL	
TITLE	ST	DELETE
NAME	AMOR, MIGUEL	
STREET ADDRESS	523 EAST 25TH STREET	
CITY-ST-ZIP	HALEAH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	Hernandez, Ignacio		
1.3 STREET ADDRESS	523 E 25th St		
1.4 CITY-ST-ZIP	Hialeah FL 33013		
2.1 TITLE	ST	Change	Addition
2.2 NAME	Abello, Eduardo C.		
2.3 STREET ADDRESS	523 E 25th St		
2.4 CITY-ST-ZIP	Hialeah FL 33013		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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 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: (P. L. FERNANDEZ) IGNACIO HERNANDEZ 03/26/97 (305) 827-2281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)