

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S88288** (3)

1. Corporation Name
LAS MERCEDES HOME CARE, CORP.

Principal Place of Business Mailing Address
~~1800 WEST 49TH STREET~~ ~~CORTE #332~~ ~~HALEAH FL 33012~~
~~1800 WEST 49TH STREET~~ ~~CORTE #332~~ ~~HALEAH FL 33012~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **1800 West 49st** 26 **P.O. Box 112375**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **305** 27
City & State City & State
23 **Hialeah, FL** 28 **Hialeah**
Zip Country Zip Country
24 **33012** 25 **Dade** 29 **33011-** 30 **Dade**

3. Date Incorporated or Qualified **10/18/1991** 3a. Date of Last Report **06/14/1994**
4. FEI Number **65-0293211** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent **2375**
SIGLER, MARY C.
1800 W. 49TH ST.
CORTE 332
HALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name **Perez Marysel**
82 Street Address (P.O. Box Number is Not Acceptable) **1800 W. 49th St.**
83 **Ste 305**
84 City **Hialeah** FL 85 Zip Code **33012**

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 *Marysel Perez Hernandez* DATE

12. OFFICERS AND DIRECTORS

TITLE	PSID
NAME	SIGLER, MARY C.
STREET ADDRESS	701 W. 30TH ST.
CITY- ST- ZIP	HALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Perez Marysel	
13 STREET ADDRESS	701 W. 30th St.	
14 CITY- ST- ZIP	Hialeah, FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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(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 if changed, or on an attachment with an address.

SIGNATURE: *Marysel Perez Hernandez* Date **04-10-95** Telephone **305 822-7762**