

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED ANNUAL REPORT

DOCUMENT # S88288

1. Entity Name

LAS MERCEDES HOME CARE, CORP.

FILED

02 AUG -2 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800-71ST STREET
Suite, Apt. #, etc.

3. Mailing Address

800-71ST STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH, FLORIDA

City & State
MIAMI BEACH, FLORIDA

4. FEI Number
65-0293211

Applied For
Not Applicable

Zip Country
33141 US

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33141 US

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ANTHONY L. TRULLENQUE, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
7098 BONITA DRIVE

City MIAMI BEACH FL Zip Code 33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  07-30-02
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS X DELETE
NAME SPATZ, JEANNE
STREET ADDRESS 9423 SOUTH HOLLYBROOK LAKE DR
CITY-ST-ZIP PEMBROKE PINES, FL 33025

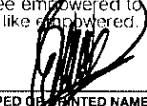
TITLE PS X ADDITION
NAME FIDALGO, JOSE M
STREET ADDRESS 7098 BONITA DRIVE
CITY-ST-ZIP MIAMI BEACH, FLORIDA 33141

TITLE VP
NAME FIDALGO, NIDIA
STREET ADDRESS 6855 ABBOTT AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE
NAME 900007083899--1
STREET ADDRESS -08/14/02--01003--010
CITY-ST-ZIP *****61.25 *****61.25

**DO NOT WRITE
IN THIS SPACE**

13. I 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  V. PRESIDENT 07/30/02 (305) 867-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #