

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S96698 (3)

1. Corporation Name

ROLYJANE HOME CARE, INC.

Principal Place of Business

801 WEST 49 STREET #217
HIALEAH FL 33012

Mailing Address

801 WEST 49 STREET #217
HIALEAH FL 33012



| | |
|--------------------------------|----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 801 W. 49 STREET | 26 1800 S.W. 1ST |
| 22 Suite, Apt. #, etc. 244 | 27 Suite, Apt. #, etc. 312 |
| 23 City & State HIALEAH, FL | 28 City & State MIAMI FL |
| 24 Zip 33012 | 29 Zip 33135 |
| 25 Country DADE | 30 Country DADE |

3. Date Incorporated or Qualified 11/26/1991
3a. Date of Last Report 01/26/1995

4. FEI Number 65-0297452
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

IVAN, LOPEZ
801 W. 49TH #217
HIALEAH FL 33012

10. Name and Address of New Registered Agent

| | |
|---|------------------------|
| 81 Name | IRENE A. BOUZA |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 801 W. 49 ST SUITE 244 |
| 83 | |
| 84 City | HIALEAH |
| 85 Zip Code | FL 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 X

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------|
| TITLE | RD |
| NAME | ROLANDO, VALDES |
| STREET ADDRESS | 8553 NW 192 ST |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | VS |
| NAME | LOPEZ, IVAN |
| STREET ADDRESS | 8553 NW 192 STREET |
| CITY - ST - ZIP | MIAMI FL 33015 |
| 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 | |
|---|-----------------------|
| 1.1 TITLE | PVDT |
| 1.2 NAME | IRENE A. BOUZA |
| 1.3 STREET ADDRESS | 801 W. 49ST SUITE 244 |
| 1.4 CITY - ST - ZIP | HIALEAH, FL 33012 |
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | |
| 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 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)