

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 24 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **V09922** (8)  
1. Corporation Name  
**HOME HEALTH CARE INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**300 WILSHIRE BLVD SUITE 234 CASSELBERRY FL 32707**

3. Date Incorporated or Qualified **01/22/1992** 3a. Date of Last Report **08/13/1996**  
4. FEI Number **59-3104934** 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

2. Principal Place of Business 2a. Mailing Address  
21 **436 Live Oak Blvd** Suite, Apt. #, etc. 26 **PO Box 190386**  
22 City & State 27 **Casselberry, FL**  
23 **Casselberry, FL** Country 28 **Casselberry, FL** Country  
24 **32707** 25 **USA** 29 **32716-0386** 30 **USA**

**9. Name and Address of Current Registered Agent**

**MACHUCA, MANUEL**  
**6808 POMPEII RD**  
**ORLANDO FL 32822**

10. Name and Address of New Registered Agent  
81 Name **Dohnert, Jesus**  
82 Street Address (P.O. Box Number is Not Acceptable) **3499 Buffam Pl**  
83  
84 City **Casselberry** FL 85 Zip Code **32707**

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 *[Signature]*

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

(NOTE: Registered Agent's signature required when reissuing)

DATE

**6/5/97**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CPST</b>	<input type="checkbox"/> DELETE
NAME	<b>DOHNERT, JESUS</b>	
STREET ADDRESS	<b>3499 BUFFAM PL</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOHNERT, JESUS</b>	
STREET ADDRESS	<b>3499 BUFFAM PL</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**300002225233--9**  
**-06/27/97--01097--011**  
**\*\*\*\*165.00 \*\*\*\*165.00**

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 *[Signature]* **6/5/97 (467) 430-0031**

CR2E034 (9/96)