

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V16635** (7)

1. Corporation Name
CHILOC HOME CARE, INC.



Principal Place of Business	Mailing Address
7811 S.W. 24TH STREET SUITE 136-B MIAMI FL 33155 US	7811 S.W. 24TH STREET SUITE 136-B MIAMI FL 33155 US

2. Principal Place of Business	2a. Mailing Address
21 7805 SW 24 ST Suite, Apt. #, etc. 22 S-131 23 MIAMI - FL 24 33155	26 7805 SW 24 ST Suite, Apt. #, etc. 27 S-131 28 MIAMI - FL 29 33155
Country 25 DADE	Country 30 DADE

3. Date Incorporated or Qualified 02/24/1992	3a. Date of Last Report 06/22/1995
4. FEI Number 65-0316533	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 or intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RUIZ, JUSTO
7811 S.W. 24TH STREET
SUITE 136-B
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name **JUSTO J. RUIZ**
82 Street Address (P.O. Box Number is Not Acceptable)
NEW: 7805 SW 24 ST
83 **S-131**
84 City **MIAMI** 85 Zip Code **FL 33155**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0305, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-5-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MAURO	2. NAME	LAIDA BOLAÑOS
STREET ADDRESS	7811 S.W. 24TH STREET, SUITE 136-B	3. STREET ADDRESS	7805 SW 24 ST S-131
CITY- ST- ZIP	MIAMI FL 33155	4. CITY- ST- ZIP	MIAMI - FL 33155
TITLE	D <input type="checkbox"/> DELETE	5. TITLE	SECRETARY / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GESPEDES, KARLA	6. NAME	KARLA DE GESPEDES
STREET ADDRESS	7811 S.W. 24TH STREET, SUITE 136-B	7. STREET ADDRESS	7805 SW 24 ST S-131
CITY- ST- ZIP	MIAMI FL 33155	8. CITY- ST- ZIP	MIAMI- FL 33155
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY- ST- ZIP		12. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY- ST- ZIP		16. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY- ST- ZIP		20. 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)(g), 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]* **JUSTO J. RUIZ (V.P.)** **4-5-96** **305 242-9674**

CR2E034 (12/95)