

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V30698**  
1. Corporation Name

(7)

**C.C. HOME CARE SERVICES, INC.**



Principal Place of Business

2750 W 68 ST  
STE 211  
HIALEAH FL 33016  
US

Mailing Address

1180 S.W. 141ST AVENUE  
MIAMI FL 33184

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 County

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 County

9. Name and Address of Current Registered Agent

**CASTANEDA, ESTELA**  
2690 WEST 72ND ST.  
HIALEAH FL 33016

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation hereby is this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	TITLE	P	LOPEZ-CORDERO, AIDELY N.	<input type="checkbox"/> OFFICER
	NAME		1180 SW 141 AVE	
	STREET ADDRESS		MIAMI FL	
	CITY-STATE-ZIP			
12.2	TITLE	V	CASTANEDA, ESTELA	<input type="checkbox"/> OFFICER
	NAME		2690 W. 72ND ST.	
	STREET ADDRESS		HIALEAH FL	
	CITY-STATE-ZIP			
12.3	TITLE			<input type="checkbox"/> OFFICER
	NAME			
	STREET ADDRESS			
	CITY-STATE-ZIP			
12.4	TITLE			<input type="checkbox"/> OFFICER
	NAME			
	STREET ADDRESS			
	CITY-STATE-ZIP			
12.5	TITLE			<input type="checkbox"/> OFFICER
	NAME			
	STREET ADDRESS			
	CITY-STATE-ZIP			

13.1	TITLE			<input type="checkbox"/> OFFICER
	NAME			
	STREET ADDRESS			
	CITY-STATE-ZIP			
13.2	TITLE			<input type="checkbox"/> OFFICER
	NAME			
	STREET ADDRESS			
	CITY-STATE-ZIP			
13.3	TITLE			<input type="checkbox"/> OFFICER
	NAME			
	STREET ADDRESS			
	CITY-STATE-ZIP			
13.4	TITLE			<input type="checkbox"/> OFFICER
	NAME			
	STREET ADDRESS			
	CITY-STATE-ZIP			
13.5	TITLE			<input type="checkbox"/> OFFICER
	NAME			
	STREET ADDRESS			
	CITY-STATE-ZIP			
13.6	TITLE			<input type="checkbox"/> OFFICER
	NAME			
	STREET ADDRESS			
	CITY-STATE-ZIP			

Change  Addition

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\*\*\*200.00

*Handwritten signature/initials*

*Handwritten signature/initials*

SIGNATURE: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)