SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JU[illegible] 33

SECR[illegible] STATE
TALLA[illegible] FLORIDA

DOCUMENT # **V31658** **(0)**

1. Corporation Name

COLLADO'S RETIREMENT HOME, INC.

Principal Place of Business	Mailing Address
8325 SW 37TH STREET MIAMI FL 33155	8325 SW 37TH STREET MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/28/1992**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **65-0329109** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has solely for changing its registered office or registered agent, or both, pursuant to Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLLADO, VALENTINA
8325 SW 37TH STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

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 607.1509, 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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13.	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	D COLLADO, VALENTINA 8325 SW 37TH ST. MIAMI FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
35 TITLE 36 NAME 37 STREET ADDRESS 38 CITY ST ZIP		35 TITLE 36 NAME 37 STREET ADDRESS 38 CITY ST ZIP	☐ Change ☐ Addition
39 TITLE 40 NAME 41 STREET ADDRESS 42 CITY ST ZIP		39 TITLE 40 NAME 41 STREET ADDRESS 42 CITY ST ZIP	☐ Change ☐ Addition
43 TITLE 44 NAME 45 STREET ADDRESS 46 CITY ST ZIP		43 TITLE 44 NAME 45 STREET ADDRESS 46 CITY ST ZIP	☐ Change ☐ Addition
47 TITLE 48 NAME 49 STREET ADDRESS 50 CITY ST ZIP		47 TITLE 48 NAME 49 STREET ADDRESS 50 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate, complete and 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 above, or on an attachment with an address.

SIGNATURE: Valentina Collado Valentina A. Collado 6-23-95 554-4106
SIGNATURE AND TYPED OR PRINTED NAME OF E[illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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