

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:48

DOCUMENT # **V46333** (3)

1. Corporation Name

INTER NORTH & SOUTH TRADE, INC.

Principal Place of Business

7959 NW 64TH ST
MIAMI FL 33166
US

Mailing Address

7959 NW 64TH ST.
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/26/1992

3a. Date of Last Report
02/15/1994

4. FCI Number
65-0338589

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHOMAR, JOSEPH
420 S DIKE HWY
SUITE 20
GORAL CABLES FL 33146

255 E. FLAGLER ST. 3RD. FLOOR
MIAMI, FL. 33131

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	KHAMASHTA, MARIA-DE-LOO
STREET ADDRESS	7000 W 5TH CT
CITY - ST - ZIP	HALEAH FL
TITLE	DP
NAME	KHAMASHTA, PETER
STREET ADDRESS	7000 W 5TH CT
CITY - ST - ZIP	HALEAH FL
TITLE	ST
NAME	KHAMASHTA, PETER
STREET ADDRESS	7000 W 5TH CT
CITY - ST - ZIP	HALEAH FL
TITLE	DP
NAME	KHAMASHTA, PETER
STREET ADDRESS	7959 N.W. 64th STREET.
CITY - ST - ZIP	MIAMI, FL, 33166
TITLE	ST
NAME	KHAMASHTA, PETER
STREET ADDRESS	7959 N.W. 64th STREET
CITY - ST - ZIP	MIAMI, FL, 33166
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP KHAMASHTA, PETER
2.3 STREET ADDRESS	P.O. Box 4718 N/A
2.4 CITY - ST - ZIP	HALEAH, FL. 33014
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST KHAMASHTA, PETER
3.3 STREET ADDRESS	P.O. Box 4718 N/A
3.4 CITY - ST - ZIP	HALEAH, FL. 33014
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	

14. I do hereby certify that the information reported herein is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an affidavit with my acknowledgment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3-7-95

(305) 594-9490

(Register Office)

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 12: 53**

DOCUMENT # V47608 (7)
1. Corporation Name
CAREGIVERS OF AMERICA, INC.

Principal Place of Business: **7301 N UNIVERSITY DR 308 TAMARAC FL 33321 US**
Mailing Address: **7301 N UNIVERSITY DR 308 TAMARAC FL 33321 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/26/1992**
3a. Date of Last Report: **04/21/1994**
4. FFI Number: **65-0344430**
Applied For: 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 State of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**MURPHY, TAMMELA A.
7301 N UNIVERSITY DR #308
TAMARAC FL 33321**

10. Name and Address of Now 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 607.1508, 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	MURPHY, TAMMELA A
STREET ADDRESS	7301 N UNIVERSITY DR #308
CITY ST ZIP	TAMARAC FL
TITLE	DP
NAME	MASSIMILIANO, DI LEO
STREET ADDRESS	7301 N UNIVERSITY DR #308
CITY ST ZIP	TAMARAC FL
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	<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	

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)(b), 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears as Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: _____ DATE: **3/27/95** (305) 722-7662