

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V51497** (8)

1. Corporation Name

SOFI-TEL HOME HEALTH INC.



Principal Place of Business

**815 N.W. 57 AVE.
SUITE 413
MIAMI FL**

Mailing Address

**815 N.W. 57 AVE.
SUITE 413
MIAMI FL**

2. Principal Place of Business

21 **835 S.W. 37 AVE**

2a. Mailing Address

26 **835 SW. 37 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **202**

27 **202**

City & State

City & State

23 **Miami, Florida**

28 **Miami, Florida**

Zip

Zip

Country

24 **33135**

25 **DADE**

29 **33135**

30 **DADE**

9. Name and Address of Current Registered Agent

**BORNOTE, PEDRO ERNESTO
8640 S W 108TH STREET
APT 1
MIAMI FL 33156**

3. Date Incorporated or Qualified

07/17/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0346543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☒ No

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 607.1508, 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 typed or printed below of registered agent and the individual agent

(If not the Registered Agent, signature of president, chairman of the board, or other officer)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PVST	☐ DELETE
NAME	BORNOTE, PEDRO ERNESTO	
STREET ADDRESS	8640 S W 108TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
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)(k), 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 in an attachment with an address.

SIGNATURE:

Miriam Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 22 1996

Date

Signature of President

CR2E034 (12/95)