

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1988.  
AMOUNT DUE ON OR BEFORE 8/7/86: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V53208 (7)

1. Corporation Name

DARE TO CARE, INC.

Principal Place of Business

Mailing Address

1205 DOUGLAS ROAD  
CORAL GABLES FL 33143

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CORAL GABLES FL 33143

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

23 City & State

2b City & State

24 Zip 33135 25 Country

2b Zip 33135 29 Country

9. Name and Address of Current Registered Agent

SPENCER, THOMAS JR.  
801 BRICKELL AVENUE  
SUITE 1901  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name RAMON CORONA  
82 Street Address (P.O. Box Number is Not Acceptable)  
1428 S.W. 8TH ST.  
83  
84 City MIAMI FL 85 Zip Code 33144

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

*Ramon Corona* *Ramon Corona* *Secretary*

10-21-96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	DELETE
NAME	CORONA, RAMON	
STREET ADDRESS	1205 DOUGLAS ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
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

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	MIAMI, FL 33135	
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	400001998624--5	
4.1 TITLE	Change	Addition
4.2 NAME	1170796-0102	
4.3 STREET ADDRESS	***375.00	
4.4 CITY-ST-ZIP	***375.00	
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ramon Corona* REQUIRED

Signature and typed or printed name of business officer or director

9/15/96

261-5000

Date

Daytime Phone #

CR2E034 (3/96)