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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90197 020 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54438

1. Corporation Name
GOLDEN GLADES HOME CARE INC.

Principal Place of Business

2075 S.W. 27 AVE.
2ND FLOOR
MIAMI FL 33145

Mailing Address

2075 S.W. 27 AVE.
2ND FLOOR
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1992

4. FEI Number
65-0349132

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 931 SW 122 AVE.

Suite, Apt. #, etc.

22 MIAMI, FL.

City & State

23 33184 USA

Zip

Country

2a. Mailing Address

26 931 SW 122 AVE.

Suite, Apt. #, etc.

27 MIAMI, FL.

City & State

28 33184 USA

Zip

Country

9. Name and Address of Current Registered Agent

LAMA, CLAUDIA
2075 S.W. 27 AVE.
2ND FLOOR
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name LAMA, CLAUDIA

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

83 931 S.W. 122 AVE.

84 City MIAMI

FL

85 Zip Code 33184

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME LAMA, CLAUDIA P
STREET ADDRESS 2075 S.W. 27TH AVENUE, 2ND FLOOR
CITY-ST-ZIP CORAL GABLES FL 33145

☒ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition

1.2 NAME LAMA, CLAUDIA P.

1.3 STREET ADDRESS 931 SW 122 AVE.

1.4 CITY-ST-ZIP MIAMI, FL. 33184

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/99

Date

(305) 854-0209

Daytime Phone #

CR2E034 (11/98)