

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V57523

1. Corporation Name

MF HOME CARE SERVICES, INC.

Principal Place of Business

1000 PONCE DE LEON BLVD.
SUITE 201-A
CORAL GABLES FL 33134
US

Mailing Address

1000 PONCE DE LEON
201 A
CORAL GABLES FL 33134
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Name and Address of Current Registered Agent

FERRO, MARGARITA
C/O EDGEWATER DRIVE
APT. 1002
CORAL GABLES FL 33133

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

Margarita Ferro

INOTL Registered Agent Signature Required When Filing

1/25/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME GONZALEZ, MARGARITA
STREET ADDRESS 90 EDGEWATER DRIVE, APT. 1002
CITY-ST-ZIP CORAL GABLES FL

TITLE P
NAME FERRO, MARGARITA
STREET ADDRESS 90 EDGEWATER DRIVE, APT
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified

08/10/1992

4. FEI Number

65-0342294

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

1

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition

000002766140-7
-02/08/99-01014-024

***150.00 ***150.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margarita Gonzalez Administrative

1/5/99

Display Form #

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