Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

FILED Feb 26, 1999 8:00 am

Secretary of State

02-26-1999 90055 032 ***150.00

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

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9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

EDATERNITY HOUSE INC

FRA	(CUIA	11 1	nou	JUL,	INC.

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Mailing Address Principal Place of Business 250 MERIDIAN AVE 250 MERIDIAN AVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/16/1958 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-6064850 26 21 Suite, Apt, #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country

LARA, JOSE Street Address (P.O. Box Number is Not Acceptable) 250 MERIDIAN AVE. MIAMI BEACH FL 33139 83 85 Zip Code 84 City

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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.

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SIGNATURE	Signature, typed or printed name of registered agent and til	itle if applicable. (NOTE, R	Registered Agent signature re	equired when reinstating)	DATE	—		
12.	OFFICERS AND DIF		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE .	T	☐ DELETE	1.1 TITLE		☐ Change	Addition		
NAME	LARA, JOSE		1.2 NAME			1		
STREET ADDRESS	ATA 14550 441 415		1.3 STREET ADDRESS		•	Į		
CITY-ST-ZIP	MIAMI BCH. FL		1.4 CITY-ST-ZIP					
TITLE	V	M DELETE	2.1 TITLE	٧	. Change	☐ Addition		
NAME	REYES, RAFAEL		2.2 NAME	ALLEMAN RICHARD		ĺ		
STREET ADDRESS	l		2.3 STREET ADDRESS	58-BAROWST	منتهده سيهدس			
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	איכ אי	; ·			
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition		
NAME	ARROYO, BETTY ROXANNE		3.2 NAME		,			
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4. CITY-ST-ZIP					
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME	NICHOLSON, JOSEPH		4, 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS		,			
CITY-ST-ZIP	MIAMI BEACH FL 33139		4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition		
NAME			52 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6 3 STREET ADDRESS					
OITS (DT 21D			6.4 CITY-ST-ZIP					

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

OSE JANA JOSEL. LARA
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Personal Property Tax.

10. Name and Address of New Registered Agent

(305) 534-5336