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PROFIT
RATION
AN REPORT
1996

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

DOCUMENT # N42457 (4)

1. Corporation Name

KIDCO CHILD CARE INC.

Principal Place of Business	Mailing Address
3630 EN 1ST COURT MIAMI FL 33137 US	3630 NE 1ST COURT MIAMI FL 33137 US

3. Date Incorporated or Qualified: 03/12/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0257588 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LA VILLA, SILVIA
10317 NW 9TH ST. CIR. #401
MIAMI FL 33172

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDC	☐ DELETE	1.1 TITLE	Chairman	☐ Change ☐ Addition
NAME	MARTINEZ, ANTONIO		1.2 NAME		
STREET ADDRESS	10840 SW 170 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	President	☐ Change ☐ Addition
NAME	VELAZQUEZ, NILSA M.		2.2 NAME		
STREET ADDRESS	9500 E CALUSA CLUB DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	CROTEAU, ROGER		3.2 NAME		
STREET ADDRESS	721 NW 7TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	Parliamentarian	☐ Change ☐ Addition
NAME	MORALES, WILLIAM		4.2 NAME	800001829318	
STREET ADDRESS	2301 COLLINS AVE 407-A		4.3 STREET ADDRESS	-05/20/96--01046--001	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE	Treasurer ***0.00	☐ Change ☐ Addition
NAME	ESTHER, CHISHOLM		5.2 NAME		
STREET ADDRESS	220 NW 47 ST FRONT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	6.1 TITLE	Director	☐ Change ☐ Addition
NAME	RIVERA, TERESA		6.2 NAME		
STREET ADDRESS	13990 S.W. 51 LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		6.4 CITY-ST-ZIP		

5-1-96

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: Nilsa Velazquez (NILSA M. VELAZQUEZ) 1/19/96 (305) 576-6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)