

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90147 025 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000012152**

1. Corporation Name  
**OUR LITTLE ONES, INC.**

Principal Place of Business 55 NW 59TH STREET MIAMI FL 33127	Mailing Address 55 NW 59TH STREET MIAMI FL 33127
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/14/1994</b>	
21	22	26	27	4. FEI Number <b>65-0468396</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SICLAIT, EDOUARD 2961-B DAY AVENUE MIAMI FL 33133				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JORENE A	1.2 NAME	
STREET ADDRESS	12715 S.W. 112TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, DONNA-MARIA	2.2 NAME	D/I Edouard Siclait
STREET ADDRESS	7504 S.W. 179TH TERRACE	2.3 STREET ADDRESS	2961-B Day Avenue
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	Miami FL 33133
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ELAINE P	3.2 NAME	
STREET ADDRESS	7504 S.W. 179TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNET, JEANNIFER M	4.2 NAME	Sec / VP / Director
STREET ADDRESS	2961-B DAY AVENUE	4.3 STREET ADDRESS	BONNET JEANNIFER M.
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	2961-B Day Avenue
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMBRONNE, ROBERT	5.2 NAME	
STREET ADDRESS	13730 SW 103RD TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMBRONNE, REGINE B	6.2 NAME	
STREET ADDRESS	13730 SW 103RD TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	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: \_\_\_\_\_ Director 4/21/99 7580046  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)