

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

1995 FEB 22 PM 12:34  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**DOCUMENT # (P94000061288)(4)**

1. Corporation Name  
**CHILDREN'S ACADEMY PRESCHOOL, INC.**

300001414243  
-02/23/95--01105--015  
\*\*\*208.75 \*\*\*208.75

Principal Place of Business Mailing Address  
**13801 MEMORIAL HIGHWAY MIAMI FL 13801 MEMORIAL HIGHWAY MIAMI FL**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/16/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

FEE Number **65-0515871** 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

9. Name and Address of Current Registered Agent

**VEREBAY, LAYNE  
180 N.E. 199TH STREET  
SUITE 204  
NORTH MIAMI FL 33179**

10. Name and Address of New Registered Agent

81 Name **PATRICK ADELEKE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **13801 MEMORIAL Highway**  
84 City **MIAMI** FL 85 Zip Code **33161**

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 date of appointment

NOTE: Registered Agent signatures required after registration

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VSTD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADELEKE, MARY</b>	2. NAME	
STREET ADDRESS	<b>13801 MEMORIAL HIGHWAY</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	4. CITY, ST, ZIP	
TITLE	<b>P</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADELEKE, PATRICK</b>	22. NAME	
STREET ADDRESS	<b>13801 MEMORIAL HIGHWAY</b>	23. STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

*MA*  
*2-22*

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 (3)(b)(4), 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 owner 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 omitted in accordance with an affidavit.

SIGNATURE: *P. Adeleke* **PATRICK ADELEKE, Pres 2/10/95 305-893-0808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(101)

(Optional) Phone #