


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

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**Feb 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011645 (4)
1. Corporation Name
BABY'S AND KIDS INC.



Principal Place of Business 1045 CEDAR FALLS DR. FT. LAUDERDALE FL 33327	Mailing Address 1045 CEDAR FALLS DR. FT. LAUDERDALE FL 33327-1727
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3. Date Incorporated or Qualified 02/06/1996	3a. Date of Last Report
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2. Principal Place of Business 21 5402 N.W. 72ND. AVENUE Suite, Apt. #, etc.	2a. Mailing Address 26 5402 N.W. 72ND. AVENUE Suite, Apt. #, etc.
22 City & State 23 MIAMI, FLORIDA	27 City & State 28 MIAMI, FLORIDA
24 Zip 33166	25 Country USA
29 Zip 33166	30 Country USA

4. FEI Number 65-0643273	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent COHEN, ARIEH R 1045 CEDAR FALLS DR. FT. LAUDERDALE FL 33327		10. Name and Address of New Registered Agent 81 Name ROSALES COHEN ARIEH	
		82 Street Address (P.O. Box Number is Not Acceptable) 5402 N.W. 72ND. AVENUE	
		84 City MIAMI	
		85 Zip Code FL 33166	

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE: *Arieh Rosales Cohen* **ARIEH ROSALES COHEN** **01-27-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	COHEN, ARIEH R
STREET ADDRESS	1045 CEDAR FALLS DR.
CITY - ST - ZIP	FT. LAUDERDALE FL 33327
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROSALES COHEN, ARIEH
1.3 STREET ADDRESS	5402 N.W. 72ND. AVENUE
1.4 CITY - ST - ZIP	MIAMI, FLORIDA 33166
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: *Arieh Rosales Cohen* **ARIEH ROSALES COHEN** **01-27-97**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)