

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 10 1998 8:00am  
 Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>5402 N.W. 72ND AVE.</b> <b>MIAMI FL 33166</b> <b>US</b>	Mailing Address <b>5402 N.W. 72ND AVE.</b> <b>MIAMI FL 33166</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/06/1996</b>	4. FEI Number <b>65-0643273</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	29

9. Name and Address of Current Registered Agent	
<b>ROSALES COHEN ARIEH</b> <b>5402 N.W. 72ND AVE.</b> <b>MIAMI FL 33166</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, ARIEH R</b>	1.2 NAME	
STREET ADDRESS	<b>1045 CEDAR FALLS DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33327</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

<b>000002586490</b> <b>-07/13/98--01057--034</b> <b>***150.00</b>
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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.

SIGNATURE: *x Rosa Cohen*      07-01-98      305-882-0228

CR2E034 (5/98)



**BABY'S & KIDS INC.  
5402 N.W. 72ND. AVENUE  
MIAMI, FLORIDA 33166  
TEL:305-882-0228; FAX: 305-882-0267**

**JULY 1ST, 1998**

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL. 32302-1500**

**REF: DOCUMENT#P96000011645 (4)  
FEI# 65-0643273**

**SIRS:**

**ENCLOSED TO OUR PROFIT CORPORATION ANNUAL REPORT 1998 YOU WILL FIND CHECK # 0384 ON THE AMOUNT OF \$150.00 THAT BELONG TO THE FILING FEE FOR THIS YEAR.**

**AS I SPOKE RECENTLY WITH YOUR REPRESENTATIVE MRS. ELIZABETH AT 850-488-9000 IS THE FIRST TIME WE RECEIVED THIS PACKAGE , WE ASSUMED THAT MAYBE WAS LOST IN THE MAIL, FOR THIS REASON SHE TOLD US TO SEND THE ABOVE MENTIONED FILING FEE TO YOUR OFFICES AND THAT YOU WILL RECONSIDERED OUR CASE.**

**PLEASE IF YOU NEED ANY ADDITIONAL EXPLANATION DON'T HESITATE TO CONTACT US AT YOUR EARLIEST CONVENIENCE.**

**SINCERELY,**

**BABY'S & KIDS INC.**



**ARIEH ROSALES COHEN  
PRESIDENT**