

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # S93749 (7)

SEP 11 - 1 AM 4:33

1. Corporation Name:

MI CASITA DAY CARE CENTER, INC.

SECRETARY OF STATE
TALLAHASSEE

Principal Place of Business:

**3501 W FLAGLER ST
MIAMI FL 33135**

Mailing Address:

**3501 W FLAGLER ST
MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0339092

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 is liable for information under § 190.021,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business:

21

Suite Apt # etc.

22

City & State

23

24

2a. Mailing Address:

26

Suite Apt # etc.

27

City & State

28

29

30

9. Name and Address of Current Registered Agent

**CRUZ, ROSE MARIE
3501 W FLAGLER ST
MIAMI FL 33135**

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 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 190.021, Florida Statutes.

SIGNATURE:

Sandra B. Matham

(If the Registered Agent is not required after incorporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE

P

NAME

CRUZ, ROSE MARIE

STREET ADDRESS

9735 NW 51 TERR

CITY, ST, ZIP

MIAMI FL

13.1 TITLE

☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

☒ Change ☐ Addition

**TS
Orlando Ortiz
8408 SW 208 Terr.
Miami, FL 33189**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 190.021(1)(b), Florida Statutes. I further certify that the information included on the 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 190, Florida Statutes, and that my name appears in Block 12 or 13 of this report. I have changed or have been added with an address.

SIGNATURE:

Sandra B. Matham

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Secretary