

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F88158** (3)
1. Corporation Name
LITTLE FRIENDS, CORPORATION

Principal Place of Business
**7315 S.W. 19 TERR.
MIAMI FL 33155**

Mailing Address
**7315 S.W. 19 TERR.
MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1982	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 59-2202245	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIERRA, ALICIA 7315 S.W. 19 TERR. MIAMI FL 33155		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 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	11	TITLE
NAME	SIERRA, ERNESTO	12	NAME
STREET ADDRESS	7315 S.W. 19 TERR.	13	STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	14	CITY - ST - ZIP
TITLE	ST	21	TITLE
NAME	SIERRA, ALICIA	22	NAME
STREET ADDRESS	7315 S.W. 19 TERR.	23	STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	24	CITY - ST - ZIP
TITLE		31	TITLE
NAME		32	NAME
STREET ADDRESS		33	STREET ADDRESS
CITY - ST - ZIP		34	CITY - ST - ZIP
TITLE		41	TITLE
NAME		42	NAME
STREET ADDRESS		43	STREET ADDRESS
CITY - ST - ZIP		44	CITY - ST - ZIP
TITLE		51	TITLE
NAME		52	NAME
STREET ADDRESS		53	STREET ADDRESS
CITY - ST - ZIP		54	CITY - ST - ZIP
TITLE		61	TITLE
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY - ST - ZIP		64	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.

SIGNATURE: 

4-19-98

CR2E034 (10/97)