


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

FILED
Feb 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000055627

1. Corporation Name
YOUNG CHILDREN IN ACTION, INC.

Principal Place of Business 5915 W. 25TH CT. SUITE 101 HIALESAH FL 33016	Mailing Address 5915 W. 25TH CT. SUITE 101 HIALESAH FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 08/09/1993
21	22	26	4. FEI Number 65-0428341
Suite, Apt. #, etc.		City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

GARRASTACHO, RAQUEL M
5227 WEST 24TH WAY
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name **GARRASTACHO RAQUEL M**
 82 Street Address (P.O. Box Number is Not Acceptable) **6950 NW 174 TERR #605**
 83
 84 City **MIAMI FL** 85 Zip Code **33015**

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: *Raquel Garrastacho* DATE: **1/6/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	PINO, TAINA D.
STREET ADDRESS	8901 NW 145TH AVE.
CITY-ST-ZIP	MIAMI FL 33018
TITLE	STD <input type="checkbox"/> DELETE
NAME	GARRASTACHO, RAQUEL M
STREET ADDRESS	5227 WEST 24TH WAY
CITY-ST-ZIP	HIALEAH FL 33016
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	6950 NW 174 TERR #605
2.3 STREET ADDRESS	MIAMI FL 33015
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 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, with all other like empowered.

SIGNATURE: *Raquel Garrastacho* DATE: **1/6/99**

Signature and typed or printed name of signing officer or director

Daytime Phone #

CR2F034 (1/1/99)