PROFIT
CORPORATION
ANNUAL REPORT



Secretary of State
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90005 033 ***150.00

	1999	BIVISION OF CO		-		
DOCUMENT # 508179						
MONTESSORI CHILDRENS HOUSE, INC.						
IIIOIII E	SOCIAL OFFICE STEELS					I LABOTAL ANTHE CORRES CHIPRE HINDER LABOTA LABOT ANDRE ORDER ORDER OF ALL ALLONG ALBOT ANDRE ALBOTE ALBOTE AL
j						
Principal Plac	e of Business	Mailing Address				T (ODTAL GESTT 4016) (819) (1855 INDIA 1841 DIGER DERLI DISH DIRIK DIDER SAKE
12985 SW 112TH STREET 12985 SW 112TH STREET						
MIAMI FL 3318		MIAMI FL 33186				DO NOT WORK IN THE COACE
						DO NOT WRITE IN THIS SPACE 2. Date incorporated or Qualified
						07/30/1976
2 Principal P	lace of Business	2a, Mailing Address				4. FEI Number Applied For
21 26						59-1686947 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Second
22		27				Pae Negunau
	City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28 - 7in	Col	untry		Trust Fund Contribution Added to Fees a. This corporation owes the current year Intangible
Zip	Country	Zip				Personal Property Tax.
24	9 Name and Address of Current	_ 	ــــــــــــــــــــــــــــــــــــــ	Т		10. Name and Address of New Ragistered Agent
					Name	ne .
SAMUELSON, MELANIE 82 Street Add					est Address (P.O. Box Number is Not Acceptable)	
9824 S.W. 134TH COURT				<u> </u>		
MIAMI FL 33186 83					,	
				84	City	85 Zip Coda
		A COT ACOD Florida Districts	the e	L		PL
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.						
agent. 1 a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Stat	utes	5.	
SIGNATURE	Signature, typed or grinted name of registered agent	and title if applicable. (NOTE: Re	gistere	i Age	est signally e	We required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITI
TITLE	٧	DELETE	1 1 T			Charles Addition
NAME	AGUIRREGALIRIA, MARITZA		12 NAME 13 STREET ADDRESS			JAY D. SAMUELSON
STREET ADDRESS						9824 5.W.134 COURT 3186
TITLE	MIAM FL 33183	□ DELETE	21T	_	T-ZIP	Change Addition
NAME	PRESIDENT	-	2.2 N			
STREET ADDRESS	Melanie Samuel	2014 2014			T ADDRESS	ss
CITY-ST-ZIP	11619116 34 114 C Niami FL 331	36	2.40	лү-≲	ST-ZIP	
TITLE	190000	☐ DELETE	3.1 17	TLE		☐ Change ☐ Addition
NAME		•	32 N	ME		
STREET ADDRESS			3.3 S	TREE	TADORESS	ss
CTTY-ST-ZIP					ST-ZIP	Change Addition
TITLE		OELETE				Challes - Awtion
NAME			4, 2 N			
STREET ADDRESS					TADORESS	355
CITY-ST-ZIP		☐ DELETE	5.1 TI		T-ZIP	☐ Change ☐ Addition
NAME	i	-	5.2 N			
STREET ADDRESS			5.3 5	REE	TADORESS	55
CITY-ST-ZIP					T-ZIP	
TITLE		☐ DELETE	6.1 TI			☐ Change ☐ Addition
NAME			6.2 N			
STREET ADDRESS					TADORESS	22
CITY-ST-ZIP	<u> </u>		6.4 CI	TY-S	T-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 eath; 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 of an attachment with appearance or trustee.

SIGNATURE: SIGNATURE : SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR