

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90219 009 \*\*\*150.00

DOCUMENT # 641714

1. Corporation Name  
DONALD'S DAY CARE CENTER, INC.



Principal Place of Business  
1746 NE 149TH STREET  
NORTH MIAMI FL 33181

Mailing Address  
1746 NE 149TH STREET  
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/15/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1988586	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GOLDMAN, MATT D  
2100 PONCE DE LEON BLVD S-1170  
CORAL GABLES FL 33134

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 607.0505, Florida Statutes.

SIGNATURE MARCO H. DUBROCA PRESIDENT DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	DUBROCA, MARCO H	1.2 NAME	
STREET ADDRESS	1746 NE 149TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	POLANSKY, DENISSE, A	2.2 NAME	
STREET ADDRESS	1746 NE 149TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	DUBROCA, MARIA F.	3.2 NAME	
STREET ADDRESS	1746 NE 149TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	ALVAREZ, ROXANNA, M	4.2 NAME	
STREET ADDRESS	1746 NE 149TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

MARCO H. DUBROCA PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-945-4319