

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 662122 (1)

1. Corporation Name

MIAMI CHILD'S WORLD, INC.



Principal Place of Business

Mailing Address

~~975 ARTHUR GODFREY RD #301~~
~~MIAMI BCH FL 33140~~

171-21 COLLINS AVE
MIAMI BEACH FL 33160
US

171 21 COLLINS AVE
MIAMI BEACH FLA. 33160

2. Principal Place of Business

2a. Mailing Address

21 above

26 171 21 COLLINS AVE

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State
28 MIAMI BEACH, FLA

23 Zip Country

29 33160 30 DADE

3. Date Incorporated or Qualified

04/24/1980

3a. Date of Last Report

06/09/1995

4. FEI Number

59-2212583

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILLER, BRIAN J.
975 ARTHUR GODFREY RD #301
MIAMI BEACH FL 33140

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

(Signature of person submitting this statement for filing)

(If 1011 Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
PTD
GUARINO, FRANK J.
17121 COLLINS AVE.
MIAMI BCH, FL 33160

2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

2. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
VSD
GILLER, IRA D.
975 ARTHUR GODFREY RD.
MIAMI BCH, FL 33140

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4. TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
7. NAME
8. STREET ADDRESS
9. CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 119.07(3)(k), 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 or person 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:

FRANK J. GUARINO
Frank J. Guarino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

Date

305-944 5141

Daytime Phone #

CR2E034 (12/95)