FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:21

DOCUMENT # 757915 (4)

1. Corporation Name
HAPPY HAMMOCK COOPERATIVE PRESCHOOL, INC.

Principal Place of Business	Mailing Address
7850 S.W. 142 AVENUE POST OFFICE BOX 960553 MIAMI FL 33296-0553	7850 S.W. 142 AVENUE POST OFFICE BOX 960553 MIAMI FL 33296-0553

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1981
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2031525 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MANHEIMER, PETER, ESQ.
14062 S.W. 80TH ST
MIAMI FL 33183

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/V/D	☒ Change ☐ Addition
NAME	CONZALEZ, CAMILLE	1.2 NAME	KRUG, AMPARO	
STREET ADDRESS	9368 SW 146 PL	1.3 STREET ADDRESS	13751 SW 75 ST	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	VPD	2.1 TITLE		☒ Change ☐ Addition
NAME	SILBER, RUBY	2.2 NAME	Same as above	
STREET ADDRESS	14491 SW 112 TERR	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	SUAREZ, MYRIAM	3.2 NAME	FALCO, LAURA	
STREET ADDRESS	4835 DSW 149 CT	3.3 STREET ADDRESS	13908 SW 103 TE	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	M	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	HIXONM, BONNIE	4.2 NAME	TRAN, JACQUELINE	
STREET ADDRESS	8812 SW 147TH CT	4.3 STREET ADDRESS	6241 SW 127 PL	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	TD	5.1 TITLE	M	☒ Change ☐ Addition
NAME	FRAIND, CRUZANA	5.2 NAME	RODRIGUEZ, JO ANN	
STREET ADDRESS	14640 SW 93 LANE	5.3 STREET ADDRESS	13531 SW 62 LN	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jacqueline Tran Jacqueline Tran/Treasurer Jan.31,1995 (305)382-9643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0074060