

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 757915 (4)**  
1. Corporation Name  
**HAPPY HAMMOCK COOPERATIVE PRESCHOOL, INC.**



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

3. Date Incorporated or Qualified <b>05/07/1981</b>	3a. Date of Last Report <b>02/12/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address
--------------------------------	---------------------

<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
-------------------------------	-------------------------------

<b>22</b> City & State	<b>27</b> City & State
------------------------	------------------------

<b>23</b> Zip	<b>28</b> Country	<b>29</b> Zip	<b>30</b> Country
---------------	-------------------	---------------	-------------------

<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>
-----------	-----------	-----------	-----------

4. FEI Number <b>59-2031525</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MULLINS, SOLANGE</b>	
STREET ADDRESS	<b>7833 SW 157 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HELEN DECERCE</b>	
1.3 STREET ADDRESS	<b>9315 S.W. 138th Place</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL. 33186</b>	

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEDO, MIREYA</b>	
STREET ADDRESS	<b>6566 SW 129 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LYNN MYERS</b>	
2.3 STREET ADDRESS	<b>14371 S.W. 45th Terrace</b>	
2.4 CITY-ST-ZIP	<b>Miami, FL. 33175</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BARDELAS, ANA</b>	
STREET ADDRESS	<b>15048 SW 96 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DIANE KLIMOSKI</b>	
3.3 STREET ADDRESS	<b>14371 S.W. 105th Terrace</b>	
3.4 CITY-ST-ZIP	<b>Miami, FL. 33186</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LARACUENTE, YVETTE</b>	
STREET ADDRESS	<b>15280 SW 68TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

4.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JANETH VELAZQUEZ</b>	
4.3 STREET ADDRESS	<b>9711 S.W. 142 Court</b>	
4.4 CITY-ST-ZIP	<b>Miami, FL. 33186</b>	

TITLE	<b>M</b>	<input type="checkbox"/> DELETE
NAME	<b>ROMAQUERA, MAGGIE</b>	
STREET ADDRESS	<b>10822 SW 156 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

5.1 TITLE	<b>M</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ANTONIA BURSTEIN</b>	
5.3 STREET ADDRESS	<b>15660 S.W. 60th Terrace</b>	
5.4 CITY-ST-ZIP	<b>Miami, FL. 33193</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **HELEN DECERCE**

CR2E037 (9/96)