

22 7/10/21

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

STATE OF FLORIDA
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

JULY 10 1995

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F44062 (0)

1. Corporation Name

KIDDIELAND CHILD CARE CENTER, INC.

Principal Place of Business

481 GRAND CANAL DRIVE
MIAMI FL 33144

Mailing Address

481 GRAND CANAL DRIVE
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite Apt. # etc

26 Mailing Address

27 Suite Apt. # etc

22 City & State

28 City & State

24 City County

25 County

26 City

27 County

28 City

29 County

29 City

30 County

3. Date Incorporated or Qualified
09/10/19813a. Date of Last Report
08/01/19944. FEI Number
59-2148391

Applied For

Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required6. Election Campaign Financing
Trust Fund Contribution
 \$5.00 May Be Added to Fees7. This corporation has never been dissolved under Florida Statutes
 Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits the 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 requirements of Section 607.0602, Florida Statutes.

SIGNATURE

REY, LETICIA
481 GRAND CANAL DR.
MIAMI FL 33144

12. OFFICE OR AGENT ADDRESS

13. ADDITIONS, CHANGES, TO OFFICE OR AGENT ADDRESS

OFFICE OR AGENT ADDRESS	P REY, LETICIA 481 GRAND CANAL DR. MIAMI FL
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OFFICE OR AGENT ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REY, LETICIA
STREET ADDRESS	481 GRAND CANAL DR.
CITY, STATE, ZIP	MIAMI FL 33144

OFFICE OR AGENT ADDRESS	S CASTRO, OFELIA 481 GRAND CANAL DR. MIAMI FL
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OFFICE OR AGENT ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, OFELIA
STREET ADDRESS	481 GRAND CANAL DR.
CITY, STATE, ZIP	MIAMI FL 33144

OFFICE OR AGENT ADDRESS	
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OFFICE OR AGENT ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

OFFICE OR AGENT ADDRESS	
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OFFICE OR AGENT ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

OFFICE OR AGENT ADDRESS	
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OFFICE OR AGENT ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemptions stated in Section 607.0602, 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 and validity as if it were handwritten. That I am an officer or director of the corporation or the trustee or trustee compromised to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block A or Block C of changed or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/95

0160944

CP