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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G48377

CARING FOR KIDS, INC.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90030 025 ***150.00



Principal Place of Business Mailing Address								I I rr iii bu ii biqu i lei be iilii ibi	KAL (ar a quakt qui	LLL QUQUL QUQU	IS BIBIL DIBLE LOOF
8301 NW 53RDD ST 8301 NW 53RDD ST											
MIAMI FL 33166 MIAMI FL 33166								DO NOT WRITE IN THIS SPACE			
							ŀ	3. Date Incorporated or Qualifed			
							1	07/12/1983	•		1
2. Principal Pl	lace of Business	2a.	. Mailing Address				-	4FEI Number	1.	- /	Applied For
21		26						59-2421127			Not Applicable
⊢			Suite, Apt. #, etc.	Apt. #, etc.			ĺ	5. Certifcate of Status Desired			Additional Required
City & State		27	City & State					& Flories Compaign Financing			0 May Be
23	le .	28	City & State					6. Election Campaign Financing Trust Fund Contribution	, 🗆	-	d to Fees
Zip	Country	1201	Zip	Co	ountry			8. This corporation owes the curre	ent year Inta	ngible	
24	25	29		30	_			Personal Property Tax.		Yes	(28 No
	9. Name and Address of Curre	ent Regis	stered Agent		Τ,			10. Name and Address of New F	Registered A	gent	
ott.					81	Name				•	
STEFAN, RAMON 8301 NW 53RD STREET MIAMI FL 33166				82	Street	Addres	Idress (P.O. Box Number is Not Acceptable)				
idin.m.	MI 1 L 00100				83						
					84	City			FL	85 Zip	o Code
11. Pursuant	to the provisions of Sections 607.05	502 and 6	07.1508, Florida St	atutes, the	above	e-named	corpora	ation submits this statement for the	purpose of c	hanging i	ts registered
í office or re	registered agent, or both, in the Stati im familiar with, and accept the oblig	te of Florid	da. Such change wa	as authorize	ed by	the corpo	oration'	s board of directors. I hereby accep	it the appoin	tment as	registered
	in familiar with and accept the oons	gadons or,	, 00000,	i iorida ota							
SIGNATURE	Signature, typed or printed name of registered a	gent and trile	if applicable. (f	NOTE: Registere	ed Agen		equired w		DATE		
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	gent and trile	if applicable. (f	NOTE: Registere	ed Agen		equired w	hen reinstating) ADDITIONS/CHANGES TO OF			
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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: