FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 -2 PM 3:13

DOCUMENT # **G73316** (3)

1. Corporation Name
DEVONAIRE KIDDY COLLEGE, INC.

Principal Place of Business	Mailing Address
% GUSTAVO J. ALONSO 20520 N.E. 20 CT. N. MIAMI BCH. FL 33179	% GUSTAVO J. ALONSO 20520 N.E. 20 CT. N. MIAMI BCH. FL 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1984
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21: 12289 SW 112 St
22 Suite, Apt. #, etc.:
23 City & State: Miami, Flo
24 Zip: 33179
25 Country: USA

2a. Mailing Address
26: 20520 NE 20th Ct
27 Suite, Apt. #, etc.:
28 City & State: Miami, Flo
29 Zip: 33179
30 Country: USA

4. FEI Number: 59-2538238 ☐ 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

ALONSO, GUSTAVO J.
20520 N.E. 20 CT.
N. MIAMI BCH. FL 33179

10. Name and Address of New Registered Agent

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: Gustavo J. Alonso — G. J. Alonso — 1/25/95
Signature, type or print name of registered agent and title if applicable (NOTE: Required) (Not required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☒ Change ☐ Addition
NAME	ALONSO, GUSTAVO J.	1.2 NAME		
STREET ADDRESS	8904 SW 150TH CT CIR W	1.3 STREET ADDRESS	20520 NE 20th Ct	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	Miami, Flo 33179	
TITLE	P	2.1 TITLE		☒ Change ☐ Addition
NAME	ALONSO, ZOE M.	2.2 NAME		
STREET ADDRESS	8904 SW 150TH CT. CIR. W	2.3 STREET ADDRESS	20520 NE 20th Ct	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33179	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G. J. Alonso — 1/25/95 — 595-8319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01D95020 CP