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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

G73316

(3)

DEVONAIRE KIDDY COLLEGE, INC.

Mailing Address

FILED Jan 22 1998 8:00am Secretary of State



Principal Place of Business 12289 SW 112 ST 20520 NE 20TH CT 20520 N.E. 20 CT. N. MIAMI BCH. FL 33179 DO NOT WRITE IN THIS SPACE MIAMI FL 33179 3. Date Incorporated or Qualified 01/01/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2538238 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 ☐ No 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALONSO, GUSTAVO J. 20520 N.E. 20 CT. Street Address (P.O. Box Number is Not Acceptable) N. MIAMI BCH, FL 33179 83 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St pove-named corporation submits this statement for the purpose of changing its registered t by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable I Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 TITLE DELETE TLE Change 1.1 Addition NAME ALONSO, ZOE M. 20520 NE 20TH CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE □ DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITI F DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition TITLE ☐ DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME

14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DULO L'IRFO

72E034