


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90178 020 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H65940					
1. Corporation Name APRIL'S CHILD, INC.					
Principal Place of Business % JORDAN A. GREENE 5805 BLUE LAGOON DR. STE 460 MIAMI FL 33126-2083 US			Mailing Address % JORDAN A. GREENE 5805 BLUE LAGOON DR. STE 460 MIAMI FL 33126-2083 US		
2. Principal Place of Business 21 8600 NW 53rd Terrace		2a. Mailing Address 26 8600 NW 53rd Terrace		3. Date Incorporated or Qualified 07/10/1985	
Suite, Apt. #, etc. 22 Suite 230		Suite, Apt. #, etc. 27 Suite 230		4. FEI Number 59-2561136	
City & State 23 Miami, Florida		City & State 28 Miami, Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 33166-4536 25 USA		Zip Country 29 33166-4536 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GREENE, JORDAN A. 5805 BLUE LAGOON DR SUITE 460 MIAMI FL 33126-2083			10. Name and Address of New Registered Agent 81 Name Greene, Jordan A. 82 Street Address (P.O. Box Number is Not Acceptable) 8600 NW 53rd Terrace 83 84 City Miami 85 FL 86 Zip Code 33166		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PS <input type="checkbox"/> DELETE				
NAME	GREENE, JORDAN A.				
STREET ADDRESS	5805 BLUE LAGOON DR				
CITY-ST-ZIP	MIAMI FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	Greene, Jordan A.				
1.3 STREET ADDRESS	8600 NW 53rd Terrace				
1.4 CITY-ST-ZIP	Miami, Florida 33166-4536				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 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 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:

Jordan A. Greene, President

4/28/99 (305) 264-7289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)