SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:34

DOCUMENT # **J68396** **(7)**

1. Corporation Name
KINGS MEADOW DAY SCHOOL, INC.

Principal Place of Business	Mailing Address
% LAURA K. WRIGHT 9911 SOUTHWEST 142ND AVENUE MIAMI FL 33186	% LAURA K. WRIGHT 9911 SOUTHWEST 142ND AVENUE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/14/1987**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business (21): 2a. Mailing Address (26)
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27)
City & State (23): City & State (28)
Zip (24): County (25): Zip (29): County (30)

4. FEI Number: **59-2798735** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
8. This corporation has [illegible] for adjustable tax under s. 193.022 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WRIGHT, LAURA K.
9911 SOUTHWEST 142ND AVENUE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: Ferrante Jona
82 Street Address (P.O. Box Number is Not Acceptable): 9911 Southwest 142nd Avenu
83: Miami, Fl. 33186
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: Jona Ferrante Jona Ferrante President 6/26 '95
(Typed or printed name of registered agent and title if applicable) (New registered agent signature required) (Date)

12. OFFICERS AND DIRECTORS		13.	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	FERRANTA,JONA	12 NAME	
STREET ADDRESS	9911 SW 142ND AVENUE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	FERRANTE,ROCCO	22 NAME	
STREET ADDRESS	9911 SW 142ND AVENUE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33186	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: Jona Ferrante Jona Ferrante 6/7 '95 305-386-0008
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone)

0941746 CP