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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J68396

1. Corporation Name

MINIOR MENDOW DAY SCHOOL INC

NINGS I	WEADOW DAY SCHOOL, INC	•					
Principal Plac	e of Business	Mailing Address				BABUH BIBUI WIBUI BI	
KINGS MEADO	W DAY SCHOOL INC	SAME					
9911 S.W. 142 AVE 9911 SOUTHWEST 142ND AV					DO NOT WRITE IN THI	IS SDACE	
MIAMI FL 33186 MIAMI FL 33186 US US					3. Date Incorporated or Qualifed	3 SPACE	
03 03					04/14/1987		
2. Principal Place of Business 2a. Mailing Address			_		4 FEI Number	. Apr	plied For
21 26 26					59-2798735	<u> </u>	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	Additional
27					5. Certificate of Status Desired	Fee.Re	quired .
City & Stat	le	City & State	ity & State		6. Election Campaign Financing	\$5.00	May Be
23					Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year li		п
24	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81	Nome	10. Name and Address of New Registered	J Agent	
EEDDANTE IONA				Name			
FERRANTE, JONA 9911 SOUTHWEST 142ND AVENUE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33186			83				
IVILEA	WII 1 E 33 100		63				!
			84	City		85 Zip C	Code
			<u></u>	L	proporation submits this statement for the purpose of		
agent. I a	im familiar with, and accept the obligation	and title if applicable. (NOTE: Regi	Statutes	•	ation's board of directors. I hereby accept the appropriate to the appropriate of the app		
12.	DPS		1.1 TITLE		7.007.1107.07.020.10.07.1.020.10.1	Change	Addition
NAME	FERRANTA, JONA		1.2 NAME				i
STREET ADDRESS	COLL CITY ALCOHOL AND CHILD		1.3 STREET	ADDRESS			,
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE	, _,		Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	AAAA AAAA AAAA AAAA AAAA AAAA		2.3 STREET	ADDRESS			
- CITY-ST-ZIP* -	MIAMI FL 33186		2, 4 CITY-ST-ZIP			٠,	
TITLE			3.1 TITLE			☐ Change	Addition
NAME	·		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
C!TY+ST-ZIP			3.4. CITY- S	T-ZIP		 	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME		•	4.2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME	ļ		5.2 NAME				
STREET ADDRESS	(Į	5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE			6.1 TITLE]		Change	Addition
NAME	}		6.2 NAME				
STREET ANDRESS	1		6.3 STREET	ADDRESS			i

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 is planged, or of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR