

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

**APPROVED
AND
FILED**

95 APR 10 PM 1:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K11478

(0)

1. Corporation Name

SUNLIGHT CHILD CARE INC.

Principal Place of Business

**3100 S.W. 79TH CT
MIAMI FL 33155**

Mailing Address

**3100 S.W. 79TH CT
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/08/1988

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0023223

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PEREZ, IDELISA
3100 S.W. 79TH CT
MIAMI FL 33155**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, IDELISA
STREET ADDRESS	3100 S.W. 79TH CT
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	FERRER, MIGDALIA GARI
STREET ADDRESS	11010 S.W. 64TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	FERRER, MIGDALIA GARI
STREET ADDRESS	11010 S.W. 64TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT5	☒ Change ☐ Addition
1.2 NAME	PEREZ, IDELISA	
1.3 STREET ADDRESS	3100 SW 79CA.	
1.4 CITY - ST - ZIP	MIAMI - FL.	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	Resign 10/1994	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	Resign 10/1994	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(b), 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 addendum.

SIGNATURE:

Idelisa Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-95 JOC

(Date)

(Typed Name)