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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90051 035 ***150.00

1999 CUMENT # 1 15133

| 1. Corporatio | S DAY CARE CENTER & NU | IRSERÝ SCHOOL IN | ıc | | | |
|---|--|--|--|---|--|--|
| DAIVIDT | 3 DAT CARL CENTER & NO | MOLITI GONGOL, III | | | | |
| Orinainal Olas | a of Business | Mailing Address | | | | |
| | e of Business | ū | | | | |
| C/O CARMEN® 860 NW 44TH | | C/O CARMEN FRANCO 860 NW 44TH AVENUE | | | | |
| MIAMI FL 3312 | | MIAMI FL 33126 | | DO NOT WRITE IN TH | IS SPACE | |
| | | | | 3. Date Incorporated or Qualifed | | |
| | | . <u>_</u> | | 09/08/1989 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied F | ог |
| 21 | | 26 | | 65-0175736 | Not Appli | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Addition | |
| 22 | | 27 | | | Fee Required | |
| City & Stat | te · | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May B Added to Fees | |
| Zip | Country | 28 | Country | | | <u> </u> |
| 24 | 25 | 29 | 30 | This corporation owes the current year Personal Property Tax. | ∏Yes □No | |
| 24 | 9. Name and Address of Current | | 130 | 10. Name and Address of New Registere | | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 81 Name | | | |
| FRAI | NCO, CARMEN | The second secon | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| P.O. | BOX 440231 | Comments to the state | 62 Sileet Au | idless (P.O. Box Number is Not Acceptable) | | |
| 860 | NW 44 AVENUE | • | 83 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2011年11日 11日 11日 11日 11日 11日 11日 11日 11日 1 | 1163 |
| MIAN | MI FL 33126 | • | 84 City | | * * * * * * Zip Code * | 16 ME: |
| ٠. | B. Barrell | | 84 City | F | L S Zip code | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida State | utes, the above-named co | rporation submits this statement for the purpose | of changing its registe | ered |
| office or r | registered agent, or both, in the State o am familiar with, and accept the obligati | or Florida. Such change was ions of, Section 607.0505, F | authorized by the corpora lorida Statutes. | ation's board of directors. I hereby accept the app | onunent as registere | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| SIGNATURE | | | | | | • |
| SIGNATURE | Signature, typed or printed name of registered agent | | FE: Registered Agent signature requ | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | aired when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS | | - |
| 12. | OFFICERS AND PVST | | 13. 1.1 TITLE | | | 12 Addition |
| 12. | OFFICERS AND PVST FRANCO, CARMEN | DIRECTORS | 13. 1.1 TITLE 1.2 NAME | | | - |
| 12. TITLE NAME STREET ADDRESS | PVST FRANCO, CARMEN 8907 SW 38 STR | DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | | | - |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND PVST FRANCO, CARMEN | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | ☐ Change ☐ / | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PVST FRANCO, CARMEN 8907 SW 38 STR | DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | | ☐ Change ☐ / | - |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PVST FRANCO, CARMEN 8907 SW 38 STR | D DIRECTORS | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | | ☐ Change ☐ / | Addition |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 his 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

STURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

99 305-449-2458 Date Daytime Phone #