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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

		JAL REP <b>1998</b>	Secretary of State  Output  Division of Corporation			DNS	Secretary of Sta	te		
DOCUMENT # L61042 (2)							••			
CHILDREN'S PARADISE CHILD CARE CENTER, INC.										
									n 1881/07/1 And Orano Harris Andria Andri	<b> 1</b>
	<del></del>									
	Principal Place of Business Mailing Address									
7435 SW 61 AVE 7435 SW 61 AVE MIAMI FL 33143 MIAMI FL 33143										
U	S			US	US				DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualified 03/29/1990	
2.	Principal Place of Business 2a. Mailing Address					<del></del>	_		4. FEI Number Applied	For
21	1			26					65-0186513 Not App	
l	Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Addition	
22	City & State				City & State				Fee Require  6. Election Campaign Financing  \$5.00 May	
23				28	<del>} −</del> 1 '				6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fer	
	Zip					Cour	ntry	····	8. This corporation owes or has paid the current year Intangib	ile
24	4 25 29 30					30			Personal Property Tax due June 30. Yes No	
9, Name and Address of Current Registered Agent							81	Name	10. Name and Address of New Registered Agent	
PATTERSON, JOHN H., JR 44 WEST FLAGLER STREET, 18TH FLOOR									6.2.5	
MIAMI FL 33130							82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
						1	83			
						ļ.	84	City	<b>85</b> Zip Code	
11 Durament to the provisions of Sections 607 0500 and 607 1500 Elected Contract									<u>                                  </u>	
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 reflice 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 re										tered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
							Ager	nt signature require	ed when reinstating) DATE	
12.		PD	OFFICERS AN	ND DIRECTORS	DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 Addition
TITL			AL, MARIA G.	<b>-</b>	) DEFEIE	1.1 TITL				Addition
			N 67TH AVE		i i		1.2 NAME 1.3 STREET ADDRESS			
,		S. MIAN	· · · · · · · · · · · · · · · · · · ·					- ZIP		
TITL		STD			DELETÉ	2.1 TITL	_		Change	Addition
NAN	RODRIGUEZ, ANGELINA				2.21		ME			
	STREET ADDRESS 12786 SW 146TH LAI CITY-ST-ZIP MIAMI FL					•		ADDRESS		
TITL	(-ST-ZIP	MIAMI	<u>'L</u>	<del>_</del>	DELETE	2.4 CIT		T-ZIP	☐ Change	Addition
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	EET ADDRESS					1		ADDRESS		
cm	(-ST-ZIP					3.4. C(T)	Y-51	r-ziP		_
TITL	E			L	DELETE	4.1 TITL	.E		☐ Change ☐	Addition
NAM	ŧE					4. 2 NAI	ME			
	EET ADDRESS							ADDRESS		
CITY	r-st-zip				DELETE	4.4 CITY 5.1 TITE		- ZIP	☐ Change	Addition
NAM				<b>L</b>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.2 NAM				- AVIIIIII
	EET ADORESS							ADDRESS		
	-ST-ZIP					5.4 CiTY				
TITL	E			L	DELETE	6.1 TITL	.E		☐ Change ☐	Addition
NAM						6.2 NAM				
STRE	EET ADDRESS					6.3 STR	EET A	ADDRESS		

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 chapter.

1. 1.2**样(**京**月**的科)

March glav

(205)666-1635

**FILED** 

Mar 13 1998 8:00am