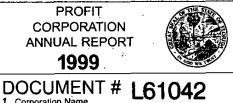
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90103 039 ***150.00

CHILDRE	en's paradise Child Cari	E CENTER, INC.						
Principal Place	e of Business	Mailing Address				Bid itht didit astri bidii diaii a	imit askii enat	
7435 SW 61 AV	/E	7435 SW 61 AVE						
MIAMI FL 33143 MIAMI FL 33143					DO NOT WRI	DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed			
		_			03/29/1990			
2 Principal P	lace of Business	2a. Mailing Addres			4. FEI Number	Ap	plied For	
- Fillicipal F	lace of Business	26		* - =	65-0186513		t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, 0	etc.			\$8.75 /		į
22		27			5. Certifcate of Status Desired	Fee Re	quired	ļ
City & State		City & State	City & State		6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be		
23	•	28	_		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip====	Cou	intry=====	6. This corporation owes the curr			$\overline{}$
24	25 -	29	30	,	Personal Property Tax.	Yes	□No	ĺ
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New I	Registered Agent		
DAT	TERSON, JOHN H., JR			81 Name	•			
	VEST FLAGLER STREET, 18TH FL	COR		82 Street	Address (P.O. Box Number is Not Accept	able)		
	WI FL 33130	.0011		83		_		l
MIRCO								l
	220			84 City		FL 85 Zip (
agent. I a SIGNATURE	m familiar with, and accept the obligati	ions of, Section 607.03	oos, rionaa stat	utes.	corporation submits this statement for the oration's board of directors. I hereby accer required when reinstating)	DATE		í á
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF		RS IN 12	0
TITLE	D DELETE		LETE 1,1 TI	TLE	VICE PRESIDENT =	✓ ☐ Change	Addition	È
NAME	MENOCAL, MARIA G.		1.2 N	AME	PAMON R. Rodrigue 127865W 146 LANI	₹ 3 .		8
STREET ADDRESS	5641 SW 67TH AVE		1.3 5	TREET ADDRESS	127865W 146 -AW	3		֝֝֝׆֖
CITY-ST-ZIP	S. MIAMI FL			TTY-ST-ZIP	MIAMI FL. 33186		— • • • • • • • • • • • • • • • • • • •	Ì
TITLE	STD	☐ DE	LETE 2.1 TI	TLE	,	Change	☐ Addition	
NAME	RODRIGUEZ, ANGELINA		2.2 N	AME			'	
STREET ADDRESS			2.3 5	TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL			ITY-ST-ZIP		Change	☐ Addition	
TITLE		□ DE				□l'cuqu8a	□ varianii ,	ĺ
NAME	•		3.2 N			•		
STREET ADDRESS	i i			TREET ADDRESS			,	
CITY-ST-ZIP		☐ DE		XTY-ST-ZIP		[7] Change	☐ Addition	
TITLE	•			AME -				
NAME				TREET ADDRESS				l
STREET ADDRESS			B					١
CITY-ST-ZIP TITLE		D€		rty-st-zip Itle	-	Change	Addition	۱.
NAME		350	5.2 N					
STREET ADDRESS		. ينې ر	.e~	TREET ADDRESS				
CITY-ST-ZIP	سيت عصت ديره د خود سريي اي	مين مشون م		ITY-ST-ZIP		الله يها المستعمل		Ì
TITLE		□ DE	LETE 6.1 T	TILE .		Change	Addition	
NAME				AME				
STREET ADDRESS			6.3 S	TREET ADDRESS		•		
	,			TV_ST_7ID		4		

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 changed, or on an attachment with an address, with all other like empowered.