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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L61059** (6)
1. Corporation Name
KIDDY KUTS, INCORPORATED

Principal Place of Business Mailing Address
9656 SW 72 ST **9656 SW 72 ST**
MIAMI FL 33173 **MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/26/1990** 3a. Date of Last Report **04/21/1994**
4. FBI Number **65-0201000** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FERNANDEZ, EMILIO~~
~~9656 SW 72 ST~~
~~MIAMI FL 33173~~

81 Name **RAMON E. FERNANDEZ**
82 Street Address (P.O. Box Number is Not Acceptable) -
15718 E. WATERSIDE CIRCLE #206
83
84 City **SUNRISE** FL 85 Zip Code **33326**

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 **RAMON E. FERNANDEZ** DATE **4/24/95**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **FERNANDEZ, MIRTA M.**
STREET ADDRESS **15718 E WATERSIDE CR 206**
CITY - ST - ZIP **SUNRISE FL**
TITLE **D**
NAME **FERNANDEZ, RAMON E.**
STREET ADDRESS **15718 E WATERSIDE CR 206**
CITY - ST - ZIP **SUNRISE FL**
TITLE **D**
NAME ~~FERNANDEZ, EMILIO~~
STREET ADDRESS ~~15718 E WATERSIDE CR 206~~
CITY - ST - ZIP ~~SUNRISE FL~~
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
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

DELETE THIS PERSON FROM
KIDDY KUTS, INCORPORATED.

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: **Mirta Fernandez** DATE **4/24/95** **305-389-4482**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number