## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

	MENT # L721	66 (6	<i>i</i> )						
SOUT	TH DAY CARE AND KINDE	ER, INC.							
Principal Place of Business Mailing Address						480  D   01  10  0   380  ¥10		I Oldir dəbir dəl	ir oldi oldi todi
118 W 7TH ST HALEAH FL 33010		118 W 7TH ST HIALEAH FL 33010							
						Date Incorporated or Qualified 05/11/1990	3a. Da	04/07/19	995
2. Principal Plac	ice of Business	2a. Mailing Address			4.	FEI Number 59-3014693		-	Applied For Not Applicable
Suite, Apt. #,	ŧ, etc.	Suite, Apt. #, etc	 ;.		5.	Certificate of Status Desired		\$8.75	Additional Required
City & State	;	Orty & State			,	Election Campaign Financing Trust Fund Contribution		\$5.00	O May Be
23  Ζιρ 24	Country 25	Zip 29	Zip Country		8.	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199.032, Fiorida Statutes Yes Who			
<u></u>	9. Name and Address of Curre		130			Name and Address of New		d Agent	
**************************************		<u> </u>		81 Name				<u> </u>	
	RA, DEYSIS		ŀ	82 Street	Address (P.	O. Box Number is Not Accept	able)		<del> </del>
	/ 7TH ST AH FL 33010		ŀ	83	,	<del> </del>			
\$ the summer.	WI FL SSUID			<b>84</b> City				85 Z¢	o Code
or registere	to the provisions of Sections 607.050 ed agent, or both, in the State of Flo	orida. Such change was aufn	horized by the c	ve named c	corporation s s board of de	submits this statement for the process. Thereby accept the ap-	Curpose of coppointment a	hanging its re	egistered office
familiar with	th, and accept the obligations of, Sec	ection 607.0505, Florida Stat	utes	r -	2		./p/G	ao, oo	ago
SIGNATURE							41	18/5	· 6
S	Signature, typed or printed name of registered ago OFFICERS A		(NOTe Flagstered	Agent signature			1/1E	18/5	<i>G</i>
		ent and the Laggissilie NND DIRECTORS				ADDITIONS/CHANGES TO O	FFICERS AN	ND DIRECTO Change	PRS IN 12
12.	OFFICERS A	AND DIRECTORS	(NOTE Registered	TLE			prie FFICERS AN		
12.	OFFICERS AI	AND DIRECTORS	(NOTE Registered 13. F.1.1)	TLE			FFICERS AN		
12. TITLE NAME	OFFICERS AIDP GUERRA, DEYSIS	AND DIRECTORS	(NOTE Registered 13. F.1.1) 1.2 NA 1.3 STI	TLF AME			FFICERS AN		
12. TITLE NAME STREET ADDRESS	OFFICERS AT DP GUERRA, DEYSIS 21 E. 50TH PLACE	AND DIRECTORS	(NOTE Registered 13. F.1.1) 1.2 NA 1.3 STI	THE AME REFT ADDRESS TY-ST-ZIP	DIST	ADDITIONS/CHANGES TO O			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT DP GUERRA, DEYSIS 21 E. 50TH PLACE HIALEAH FL 33013 DST GUERRA, ELIZABETH	VND DIHE.CTORS ☐ DELETE	(NOTE Pk.) street  13. 3-111 1.2 NA 1.3 STI 1.4 CI	TLE AME REELF ADDRESS LY-SI-ZIP	DIST	ADDITIONS/CHANGES TO O		Change	∰ Add∗tion
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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.

SIGNATURE:

MALLWAY
NAME OF SIGNING OFFICER OR DIRECTOR

04/18/56 (34)888-2328