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

CITY - ST- ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED PROFIT FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (7)L81995 KIDDIE CHILD CARE CENTER INC. Principal Place of Business Mailing Address 9360 SW 164TH ST 2740 SW 23RD ST. MIAMI FL 33145 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0199930 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 ☐ Yes 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GONZALEZ, ROGER E. 2740 S.W. 23RD STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** 83 City Zip Code 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 Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change GONZALEZ. ROGER ELOY NAME 1.2 NAME 2740 S.W. 23RD STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP SVP DELETE TITLE 2.1 TITLE Change Addition GONZALEZ, FLOREMIA NAME 2.2 NAME 2740 S.W. 23RD STREET STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL 33145 CITY-ST-ZIF 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CR2E034

Change

Addition

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 suppremental 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 of the receiver or trusted 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, you an attachment with an address SIGNATURE:

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE