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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02871

(5)

MAR-KIS CHILD CENTER INC.

R INC.

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FILED

Apr 17 1998 8:00am

Secretary of State

ncipal Place of Business	Mailing Address	i reandari sin adrin aldiki nanzi sabat tima asikit didiri andin asati didiri didiri sabi
4 WEST 45 PL.	14 WEST 45 PL.	

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2424419 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zφ Zip 8. This corporation owes or has paid the current year Intangible ___ Yes 29 Personal Property Tax due June 30. 24 25 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HERNANDEZ, CANDIDA N. 5210 PALM AVE. Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE HERNANDEZ, CANDIDA N. NAME 1.2 NAME 5210 PALM AVE. STREET ADORESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE NAME HERNANDEZ, MIGUEL A. 22 NAME 5210 PALM AVE. STREET ADDRESS 23 STREET ADDRESS HIALEAH FL CITY - ST - ZIP 2. 4 CiTY+S1-ZiP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition | 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 supplied entry all reports that an an officer or director of the corporation of the receiver of trustice employeed 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 an analyzing an address.

SIGNATURE:

4/10/98