

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:13

DOCUMENT # M13744 (1)

1. Corporation Name

CHILDRENS EDUCATIONAL ENTERPRISES INC.

Principal Place of Business

Mailing Address

% NEAL HAMEL
8000 S.W. 112 ST.
MIAMI FL 33156-3722

% NEAL HAMEL
8000 S.W. 112 ST.
MIAMI FL 33156-3722

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/08/1985	3a. Date of Last Report 07/12/1994
4. FBI Number 59-2532673	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be 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	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMEL, NEAL
8000 S.W. 112 ST.
MIAMI FL 33156

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 of Agent or Director of registered agent and the corporation)

(NOTE: Registered Agent signature required when corporation)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	HAMEL, FRANCINE L.S.	1.2 NAME	
STREET ADDRESS	8000 SW 112 ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	Zip - 33156
TITLE	VTD	2.1 TITLE	☐ Change ☒ Addition
NAME	HAMEL, NEAL	2.2 NAME	
STREET ADDRESS	8000 SW 112 ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	Zip - 33156
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE: Neel Hamel Neel Hamel 1-20-95 305-235-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR