## 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

MARAGO

DOCU	MENT	# M38	769	(	9)						
1. Corporation Name											
LA CASA DEL BEBE CANASTILLA INC.									1 JOAN DOJE 120 DITOT TOUR 1881/2 OF	)	 
Principal Place of Business Mailing Address										140 101F WIWII WIWII WHOIL O	
% JORGE L. AGUILAR 403 WEST 29 ST											
528 W. 37TH PL. HIALEAH FL 33012				HIALEAH FL 33 US	012						
HINGEAN TE	- 33012			03					3. Date Incorporated or Qualified	3a. Date of Last	•
L									09/22/1986	05/01/	
<u></u>	<del></del> , ·				. Mailing Address				4. FEI Number 65-0143787	ļ	Applied For Not Applicable
21 26 Suite, Apt. #, etc.				Suite, Apt. #, etc.				T	\$8.7	5 Additional	
22 27				• •				5. Certificate of Status Desired	1 1 7	Required	
City & State				City & State				6. Election Campaign Financing	<u> </u>	00 May Be	
			28	<u> </u>				Trust Fund Contribution		led to Fees	
Ζιρ <b>24</b>	Country 25			Zip Coun 9					8. This corporation has liability for intangible tax under s 199.032; Florida Statutes Yes No		s 199.032;
24									10. Name and Address of New R	_	
			<del></del>			81	Nam	e			
AGUILAR, JORGE L.						82	82 Stree		ss (P.O. Box Number is Not Acceptab	ole)	
528 W. 37TH PL.									Z ( ) (c) Con ( ) Con		
ļ ,						83					
HIALEAH FL 33012						84	City			FL 85	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 _											
12.	Signature, typed	or printed name of registered  OFFICERS	agent and tite if AND DIREC		(NOTE: F	Registered Ager	it signatu	re required	when reinstating: ADDITIONS/CHANGES TO OFF	DATE	OBS IN 12
1)TLE	DP	011102110	P P G G D I I I C	DELETE		1. 1 TITLE		Т	ADDITIONS OF ANALS TO OFF	Change	
NAME ;	AGUILAR, JORGE L.			1.2 N							_
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CITY-ST-ZIP							1.4 City - St - ZiP				
1)TLÉ	VST			DELETE		2. 1 TITLE				☐ Chang	: Addition
NAME	AGUILAR, JORGE L					2 2 NAME					
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STREET ADDRESS					3.3 STREET ADDRESS		ss				
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117LÉ				DELETE		4. 1 TITLE		1		☐ Chang-	Addition
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THILE		=		☐ DELETE	:	5. 1 TITLE				Change	Addition
NAME CERSIA ARROSOS						5.2 NAME	10000				
STREET ADDRESS CITY-ST-ZIP						5.3 STREET 5.4 CITY - S		°			
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NAME						6.2 NAME		1		و. د. د ب	
STREET ADDRESS						6.3 STREET	ADDRES	s	•		
CITY-ST-ZIP						6.4 CITY - S	T-ZIP				
14. I do hereb	y certify that	the information supp	lied with this	filing is voluntaril	ly furnishe	ed and doe	s not c	ualify for	r the exemption stated in Section 119.	.07(3)(k), Florida Stat	utes. 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 eath; 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: SIGNATURE AND TYPE OF PE

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CR2E034 (12/95)