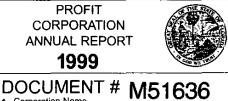
PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Katherine Harris Secretary of State Secretary of State

02-27-1999 90072 011 ***150.00

1. Corporation Name KIDS OR NOT INC. Principal Place of Business Mailing Address 11865 CORAL WAY, SUITE A-10 11865 CORAL WAY, SUITE A-10 **MIAMI FL 33175** MIAMI FL 33175 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed *05/06/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable <u>59-2801722</u> 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired \Box Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zin This corporation owes the current year Intangible Zip Country \square No Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SAN JUAN, ARACELYS M. 82 Street Address (P.O. Box Number is Not Acceptable) 11865 CORAL WAY, SUITE A10 **MIAMI FL 33175** 83 Zip Code 85 84 City 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. DATE Signature, typed or printed name of registered agent and title if applica (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change DELETE 1.1 TITLE TITLE SAN JUAN, ARACELYS M. 12 NAME NAME 11865 CORAL WAY #A10 1.3 STREET ADDRESS STREET ADDRESS MIAM! FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE . TITLE n Juan Leonarpor. SAN JUAN, RIGARDO R. 2.2 NAME NAME 11865 CORa LWay +10 11865 CORAL WAY #A10 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Adultion ☐ Change ☐ DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP Change , ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Сhалge Addition DELETE 5.1 TITLE TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)