

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:19

DOCUMENT # **M52995**

(1)

1. Corporation Name

KIDZ GLITZ, INC.

Principal Place of Business

**305 W 22 ST
HALEAH FL 33010**

Mailing Address

**4700 EAST 10 COURT
HALEAH FL 33013**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/01/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2808281

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. 100.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 4716 E. 10th. Ct.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Hialeah

27 City & State

28 Hialeah

24 Zip

25 FL

Country

26 Dade

29 Zip

30 FL

Country

31 Dade

9. Name and Address of Current Registered Agent

**QUESADA, G. FRANK ESQUIRE
1313 RONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Luciano Valdes

83 Street Address (P.O. Box Number is Not Acceptable)

19731 E. Oakmont Drive

84 City

Hialeah

FL

85 Zip Code

33015

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

X Luciano Valdes

Signature, typed or printed name of registered agent and fee 4 applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4/21/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PST
VALDES, CARMEN
19731 E. OAKMONT DRIVE
MIAMI FL 33015**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
VALDES, LUCIANO
19731 E. OAKMONT DRIVE
MIAMI FL 33015**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Luciano Valdes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Printed Name)