SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M56218** **(4)**

1. Corporation Name
EL REDENTOR-JARDIN DE LA INFANCIA, INC.

Principal Place of Business	Mailing Address
1234 W. 31 ST. HIALEAH FL 33012	1234 W. 31 ST. HIALEAH FL 33012

3. Date Incorporated or Qualified: 07/27/1987
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2828452 ☐ 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

9. Name and Address of Current Registered Agent

SANCHEZ, ALICIA
1234 W. 31ST ST
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: ELIAS D. BURGOS.
82 Street Address (P.O. Box Number is Not Acceptable):
83: 7935 W. 30 ct Apt # 201
84 City: Hialeah Gardens FL 85 Zip Code: 33016

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: ELIAS D. BURGOS PRESIDENT
Signature of new registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANCHEZ, ALICIA 1264 W. 31ST ST. HIALEAH FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P. ELIAS D. BURGOS 7935 W. 30 ct Apt # 201 Hialeah GARdens 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, RAQUEL 131 W. 64TH ST. HIALEAH FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D. ALICIA SANCHEZ 1264 W. 40 st Hialeah. FL. 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, ALICIA 1340 W. 41ST STREET, #104 HIALEAH FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	T. MARIO VALLADARES 9149 N.W. 152 Lane MIAMI FL. 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	

CR2E034 (3/96)

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ELIAS D. BURGOS PRESIDENT 6/22/96 (305) 558-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #