FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M63245

(8)

CHRIST-MAR KINDERGARTEN INC.

Principal Paid C/O CRISTINA 6931 W. 14 CO HIALEAH FL 3	OURT	Mailing Address C/O CRISTINA ARALUO 6931 W. 14 COURT HIALEAH FL 33014-4517	C/O CRISTINA ARALUO 6831 W. 14 COURT		3. Date Incorporated or Qualified 3a. Date of Last Report 20/2/1005		
2 Principal I	lace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	12/03/1987 4. FEI Number	03/27/199	
21	tabe of pushigs	26. Widning Address			65-0015088	 	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		5 Additional Required
Crty & Stal	lr.	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip 24	Country [25]	Ζφ 29	Country 30	<i>'</i>		Yes No	er s. 199.032,
	9. Name and Address of Curr	ent Registered Agent	81	T Name	10. Name and Address of New Reg	istered Agent	
ARAUJO, CRISTINA 6931 W. 14TH COURT HIALEAH FL 33014				, , , , , , , , , , , , , , , , , , , ,	ress (P.O. Box Number is Not Acceptable	в)	
ПА	LEAT PL 33014		83				
			84	City		FL 85 2	Zip Code
SIGNATURE	Signatus, typed or presed three of registered p	TO/A) eldecid; each abit bue tregi	E: Registered Ag		poration submits this statement for the pution's board of directors. I hereby accept accept when renstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	
TOLE NAME	ARAUJO, CRISTINA	בן הנננונ	1.1 TITLE 1.2 NAME			6180	de 🗂 yanıddı
STHEET ADDRESS	4463 NW 179 TERR		1.3 STREET	ADDRESS			
City - ST- 7IP	MIAMI FL		1.4 CITY-S				i
TITLE	SD	☐ DELETE	2.1 JETLE		,	Chan	ge Addition
NAME	VALDES, NERIDA		2.2 NAME	İ			
STREET ADDRESS	17471 SW 12 ST PEMBROKE PINES FL		2.3 STREET	ì			l
CHY+ST+ZiP TiTLE	PEMDRONE PINES FL	DELETE	2.4 CITY- 3 1 TITLE	ST-ZIP		Chan	ge Addition
NAME			32 NAME	İ			ge [] reduitori
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-S1-ZiP			3.4 CITY				İ
TOTALE	No.	DELETE	4.1 TITLE			Chan	nge 🔲 Addition
N4ME			4. 2 NAME				
STREET ACCORESS			4.3 STREET	ADDRESS			į
CHY - ST - ZIP		T Recess	4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chan	ige 🔲 Addition
NAM"			5.2 NAME	r annonen			l
STREET ADDRESS ONLY ST-ZIP			5.3 STREE 5.4 CITY-1	F ADORESS			
GHT SI ZP	i .		0.4 (-0.1111-1)	31-74L			

SIGNATURE:

appears in Block 12 or Brock 13 if

HULF

NAME

STREET ADDRESS

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

14. I do 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

6.4 CITY-ST-ZIP

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

iristina Arayo 4-16-9

823-651

Addition

Change

FILED

Apr 28 1997 8:00am

Secretary of State