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FILED

Jan 23 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000003180 (4)

1. Corporation Name

CECILE DAY CARE CENTER, INC.



Principal Place of Business

Mailing Address

6911 N.W. 3RD AVENUE  
MIAMI FL 33150

6911 N.W. 3RD AVENUE  
MIAMI FL 33150-3924

3. Date Incorporated or Qualified  
06/13/1996

3a. Date of Last Report

N/A

4. FEI Number

N/A

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

2. Principal Place of Business

21 6911 NW 3rd Ave

Suite, Apt. #, etc.

22 City & State

23 Miami, Fla

Zip

24 33150

Country

25 USA

2a. Mailing Address

26 183 NE 57th St

Suite, Apt. #, etc.

27 City & State

28 Miami, Fla

Zip

29 33137

Country

30 USA

9. Name and Address of Current Registered Agent

LAURISTON, CECILE  
6911 N.W. 3RD AVENUE  
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name

Lauriston Cecile

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

183 NE 57th St

83 City

Miami, Fla.

84 Zip Code

33137

FL

85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

CECILE LAURISTON

(NOTE: Registered Agent signature required when reinstating)

Cecile Lauriston

1-13-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LAURISTON, CECILE  
STREET ADDRESS 460 N.W. 89TH STREET  
CITY-ST-ZIP MIAMI FL 33150

TITLE VD ☐ DELETE

NAME ROSE, LUDIE  
STREET ADDRESS 20025 N.W. 3RD COURT  
CITY-ST-ZIP MIAMI FL 33169

TITLE STD ☐ DELETE

NAME ROSE, MESADIEU M ARIE  
STREET ADDRESS 245 N.E. 4TH STREET  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD Lauriston, Cecile  
1.3 STREET ADDRESS 460 NW 89th Street  
1.4 CITY-ST-ZIP Miami, Fla. 33150

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VD Pierre Mendes Alcindor  
2.3 STREET ADDRESS 13085 SW 107th Ter.  
2.4 CITY-ST-ZIP Miami, Fla. 33186

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME STD  
3.3 STREET ADDRESS Sacotte previlus  
3.4 CITY-ST-ZIP 183 NE 57th St N, FL 33137

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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: Cecile Lauriston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97 (305) 751-7437

Date Daytime Phone # 0030775

CR2E037 (9/96)