

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90008 026 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999.**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003180 ✓

1. Corporation Name

CECILE DAY CARE CENTER, INC.

Principal Place of Business

6911 N.W. 3RD AVENUE
MIAMI FL 33150

Mailing Address

183 NE 57TH ST
MIAMI FL 33137
US

616025-90008-26



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1996	
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28			
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALCINDOR, PIERRE M
~~13025 SW 107TH TER~~
MIAMI FL 33179

871 NE 195th Street
#401

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

Pierre M. Alcindor, Ph.D.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-3-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURISTON, CECILE	1.2 NAME	
STREET ADDRESS	460 N.W. 89TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCINDOR, PIERRE M	2.2 NAME	
STREET ADDRESS	13025 SW 107TH TER 871 NE 195 St	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186 33179 #401	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURISTON, JEAN XS	3.2 NAME	
STREET ADDRESS	460 NW 89TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, 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:

Cecile Lauriston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/99

Date

Daytime Phone #

CR2E037 (5/99)