NONPROFIT CORPORATION ANNUAL REPORT 2000

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

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90110 029 ****70.00

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1. Corporation Name

DOMINICAN CHILDHOOD DREAMS, INC.

Principal Place of Business	Mailing Address
12140 NE MIAMI PLACE NO MIAMI FL 33161	12140 NE MIAMI PLACE NO MIAMI FL 33161

3. Date Incorporated or Qualified: 01/13/1997

4. FEI Number: 65-0729351 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1200 NE Miami Gardens Dr	26 SAME
Suite, Apt. #, etc.: 22 #201 W	Suite, Apt. #, etc.: 27 ←
City & State: 23 No. Miami Beach FL	City & State: 28
Zip: 24 33179 Country: 25	Zip: 29 Country: 30

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MONTESQUIEU, MARTINA
12140 NE MIAMI PLACE
NO MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name: MARTINA Montesquieu
82 Street Address (P.O. Box Number is Not Acceptable): 1200 NE MIAMI Gardens DRIVE
83: APT #201 W
84 City: NORTH MIAMI Bch FL 85 Zip Code: 33179

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: Martina Montesquieu 4/26/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSARIO, RAFAEL A	1.2 NAME	
STREET ADDRESS	15550 NE 13TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MONTESQUIEU, MARTINA	2.2 NAME	
STREET ADDRESS	12140 NE MIAMI PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI FL 33161	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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.

SIGNATURE: SIGNATURE REQUIRED Martina Montesquieu 4/26/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #