FILE NOW: FILING FEE IS \$61.25

Mailing Address

-MIAMI-PL-33015

6123 NORTHWEST 174 TERRACE

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800004021

Principal Place of Business

MIAMI-FL 33015

6123 NORTHWEST-174 TERRACE

BABIES OF COLOR, INC.

3845 Heron Ridge Lane

FILED Jun 09, 1999 8:00 am § Secretary of State

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WOSTO	N.P. 33331			_			
		WOSTON, FZ	57524	Date Incorporated or Qui	alifed		
ما ناص دور د	lace of Business	2a. Mailing Address	STON Rd	07/10/1998			
21 254	J HERON DUGELLI	26 1 2 VV VVC	<u> </u>	4. FEI Number		Applied For	
Suite, Apt.	#, etc.	\vdash DMB 100	7	65-085019	λ <u>μ</u>	Not Applicable	
22		27 1 W 1 1 0 C	<u> </u>	45 08 Jet		Additional	
City & Stat	TILL TO TRIBLETOR	1 1 1000000	F	5. Certifcate of Status Desir	ישו ואמי	Required	
23 1005	Country	28 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Country	6. Election Campaign Finar		0 May Be	
					d to Fees		
24 55	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	3. Maille and Address of Current	registere Agont	81 Name	1 1 /11			
****				icqueline H.	<u>enance</u>		
AMERILAY			82 Street Ac	ddress (P.O. Box Number is Not A	cceptable)		
	RIA AVENUE -		83	15 HERON KI	age and	·	
CORAL G	ABLES FL 33134		65				
			84 City	DESTON	FL 85 Zi	p Code ススス	
44 D							
office or	to the provisions of Sections 617.0502 egistered agent, or both, in the State of im familiar with, and Scept the obligation	Florida, Such change was auth	orized by the corpor	ation's board of directors. I hereby	accept the appointment as	registered	
agent. (a		land data - Wiffill	EUNE H.	CLENANCE 5	175199	ļ	
SIGNATURE	Signature, types or printed name of registered agent a		gistered Agent signature req		DATE		
12.	OFFICERS AND		13.		O OFFICERS AND DIREC	TORS IN 12	
TITLE	PTDS	☐ DELETE	1.1 TITLE		(I)-enang	e	
NAME	CLENANCE, JACQUELINE H		1.2 NAME		5 1 .		
STREET ADDRESS	6123 NORTHWEST 174 TERRACI	-	1.3 STREET ADDRESS	3845 Hercin K	sidge Lane	ļ	
CITY-ST-ZIP	MIAMI FL 33015	_	1.4 CITY-ST-ZIP	3845 Heron K Weston, FL 33	3331	-	
TITLE	VD	(DELETE	2.1 TITLE	<u> </u>	Chang	e Addition	
NAME	CLENANCE, KERVIN		2.2 NAME		A 1		
STREET ADDRESS	6123-NORTHWEST-174-TERRACI	E	2.3 STREET ADDRESS	2845 Heron R	age Lane	Ì	
	MAMI FL 33015-	•	2. 4 CITY-ST-ZIP	3845 Heron Ri Weston, Fl 33	331		
CITY-ST-ZIP	D	DELETE	31 TITLE	, <u>, , , , , , , , , , , , , , , , , , </u>	Chang	e	
NAME	MYLES, WILLIE		3.2 NAME		_		
	6123 NORTHWEST 174 TERRACI	-	3.3 STREET ADDRESS				
STREET AODRESS	MIAMI FL 33015	-	3.4. CITY-ST-ZIP				
CITY-ST-ZIP	K	DELETE		Ninectop	Chang	e 1 Addition	
TITLE	DR. Denise Munc	Z	4 2 NAME	Dr. Denise Mc 1460 NW 126	inuz - "	•	
NAME	UK. DETILO 13(4)	=	4.3 STREET ADDRESS	WAY ALM 120	Avenue.	}	
STREET ADDRESS			4.3 STREET ADDRESS	Sunizise, FZ 3	33323	1	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	SULLICISE! LE	DChang	e Addition	
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STREET ADDRESS						ĺ	
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TITLE		□ DELETE	V. I BILE			~	
7.1120			COMANE			I	
NAME			6.2 NAME 6.3 STREET ADDRESS				

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: