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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P92000007633 (0)

FUN KIDS, INC.

FILED

Apr 27 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address				(reginger wa verile retil delit delit getti gatti bakti fatta divat itibe itibi keti		
2750 WEST 68TH STREET SUITE 110 HIALEAH FL 33016		2750 WEST 68TH STREE SUITE 110 HIALEAH FL 33018			DO NOT WRITE IN TH	IIS SPACE
					 Date Incorporated or Qualified 11/24/1992 	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Sulte, Apt. 4	# Ato	Suite, Apt. #, etc.	···		65-0375502	Not Applicable
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζιρ	Count	ry	8. This corporation owes or has paid the	current year Intangible
24	25		30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Cur	rent Registered Agent		41.0	10. Name and Address of New Register	ed Agent
	ARZA, YOLANDA		8	1 Name		
	50 W. 68 ST., #110 LEAH FL 33016		8	2 Street Add	iress (P.O. Box Number is Not Acceptable)	
			8	3		
			6	4 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
office or re	ealstered agent, or both, in the St.	0502 and 607.1508, Florida Statute ate of Florida. Such change was a digations of, Section 607.0505, Flo	uthorized I	by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE						
12.	Signature, typod or printed name of registered	AND DIRECTORS	13.	gent signature requ	pired when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 THUE	Т-	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	YGARZA, YOLANDA		1.2 NAM			
STREET ADDRESS	2750 W. 68 ST. #110			ET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY			
TITLE	810	DELETE	21 TULE	-	 	Change Addition
NAME	MIDALLED OLODIA		2.2 NAM			
STREET ADDRESS	2750 W. 68 ST. #110			ET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		2. 4 CITY			
TITLE		☐ DELETE	3.1 TITLE		<u> </u>	Change Addition
NAME			3.2 NAM	.		_ , _
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	ε		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	1		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	:		[
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAMI			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			

14. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.