FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000009884 (7)**

1. Corporation Name

PLAY & LEARN, INC.

Principal Place of Business	Mailing Address
1221 BIRD ROAD **CORAL GABLES FL 33146**	**1221 BIRD ROAD** **CORAL GABLES FL 33146**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified	3a. Date of Last Report
12/07/1992	**06/07/1995**

4. FEI Number: **NOT APPLICABLE** ☐ 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

9. Name and Address of Current Registered Agent

BADIA, ARNHILDA
1221 BIRD ROAD
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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 Section 607.1005, 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. The corporation is authorized to transact business in the State of Florida, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PTS** ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	**BADIA, ARNHILDA**	12 NAME	
STREET ADDRESS	**1221 BIRD ROAD**	13 STREET ADDRESS	
CITY-ST-ZIP	**CORAL GABLES FL 33146**	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is accurate and that the mandatory information required by Section 607.1622, Florida Statutes, is included. I further certify that the information indicated on this report or supplemental requests to be filed 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 with an address, if applicable, for each position listed.

SIGNATURE: Arnhilda Badia 4/1/96 305-661-0208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

ARNHILDA BADIA

CR2E034 (12/95)