

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

98 FEB 09 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000034616 (1)**

1. Corporation Name
SPIRAL TECH PRE-SCHOOL, INC.

Principal Place of Business
**7601 E. TREASURE DRIVE #1418
NORTH BAY VILLAGE FL 33141**

Mailing Address
**7601 E. TREASURE DRIVE #1418
NORTH BAY VILLAGE FL 33141**

REINSTATEMENT

96-98
AD

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **10118 S.W. 107AVE**
Suite, Apt. #, etc.

22 City & State
23 **Miami, FL**

24 Zip **33176** 25 Country **USA.**

2a. Mailing Address
26 **10118 S.W. 107AVE**
Suite, Apt. #, etc.

27 City & State
28 **Miami, FL**

29 Zip **33176** 30 Country **U.S.A.**

3. Date Incorporated or Qualified **05/12/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0416140** 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

**BATAN, GISELA A
7601 E. TREASURE DRIVE #1418
NORTH BAY VILLAGE FL 33141**

10. Name and Address of New Registered Agent

81 Name **Batan, Gisela A.**
82 Street Address (P.O. Box Number is Not Acceptable) **10060 N.W. 9 St. Circle #12**
83
84 City **Miami, FL** 85 Zip Code **33172**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE *Gisela A. Batan* **Gisela A. Batan Vice-president** **1/30/98**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, BARBARA T
STREET ADDRESS	7601 E. TREASURE DR. #1418
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141
TITLE	V
NAME	BATAN, GISELA A
STREET ADDRESS	7601 E. TREASURE DR. #1418
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141
TITLE	ST
NAME	OLIVA, ROLANDO
STREET ADDRESS	7601 E. TREASURE DR. #1418 Deleted
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RODRIGUEZ, Barbara T
1.3 STREET ADDRESS	10060 N.W. 9 St. Circle #12
1.4 CITY-ST-ZIP	Miami, FL 33172
2.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gisela A. Batan
2.3 STREET ADDRESS	10060 N.W. 9 St. Circle #12
2.4 CITY-ST-ZIP	Miami, FL 33172
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100002432421--1
3.4 CITY-ST-ZIP	-02/17/98--01025--005
4.1 TITLE	***1058.75 ***1058.75
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Barbara T. Rodriguez* **Barbara T. Rodriguez** **1/30/98** **(305) 595-7633**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Gisela A. BATAN**
President