

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

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MAY 11 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000034814 (2)

CHILDREN'S DREAM WORLD, INC.

Principal Place of Business: **8155 WEST 12TH AVENUE HIALEAH FL 33016**
Mailing Address: **8155 WEST 12TH AVENUE HIALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
3. Date incorporated or Qualified: **05/10/1993**
3a. Date of Last Report: **03/08/1994**
4. FEI Number: **65-0415480**
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

Applied For: Not Applicable

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALVAREZ, ESTRELLA
8155 WEST 12TH AVENUE
HIALEAH FL 33016**

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 Sections 607.0507 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 607.0505, Florida Statutes.

FIRILEY LOPEZ (ST) & ISABEL MEDINA (VP) *Firiley Lopez*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12-1 OFFICE NAME: PVD ALVAREZ, ESTRELLA 8155 WEST 12TH AVENUE HIALEAH FL 33016	13-1 OFFICE NAME: PRESIDENT ALVAREZ, ESTRELLA 8155W.12th AVE. HIALEAH FL 33014
12-2 OFFICE NAME: ST ALVAREZ, ESTRELLA 8155 WEST 12TH AVENUE HIALEAH FL 33016	13-2 OFFICE NAME: VICE PRESIDENT ISABEL MEDINA 8181 N.W. SO. RIVER DR. LOT 222 NEDLEY FLA 33166
12-3 OFFICE NAME: _____	13-3 OFFICE NAME: ST FIRILEY LOPEZ 2775 W. OKECHOBEE RD. LOT A10HIALAH FL 33010
12-4 OFFICE NAME: _____	13-4 OFFICE NAME: _____
12-5 OFFICE NAME: _____	13-5 OFFICE NAME: _____
12-6 OFFICE NAME: _____	13-6 OFFICE NAME: _____
12-7 OFFICE NAME: _____	13-7 OFFICE NAME: _____
12-8 OFFICE NAME: _____	13-8 OFFICE NAME: _____

Change Addition

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 1.0107/1.0108, 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 of changed, or on an attachment with an address.

SIGNATURE: *Estrella Alvarez President* **5/3/95** **305 820-1401**

ESTRELLA ALVAREZ, PRES.