

**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 # P93000046196 (0)**

1. Corporation Name

**SUPER KIDS CHRISTIAN DAY CARE, INC.**



Principal Place of Business

Mailing Address

**281 NE 54TH ST.  
MIAMI FL 33137  
US**

**2120 NW 179TH ST  
MIAMI FL 33056**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 **281 NE 54 ST**

22 City & State

27 **MIAMI FL**

23 Zip

Country

28 **33137**

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified  
**06/30/1993**

3a. Date of Last Report  
**08/14/1995**

4. FEI Number  
**65-0581319**

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

10. Name and Address of New Registered Agent

**AURUBIN, MARIE A  
2120 NW 179TH ST.  
MIAMI FL 33056**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**281 NE 54 ST**

83

**MIAMI FL 33137**

84

City

FL

85

Zip Code

**33137**

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 607.0505, Florida Statutes.

SIGNATURE

*M. Aurbine Aurubin*

(NOTE: Registered Agent signature required when changing)

DATE

**8/8/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **D AURUBIN, MARIE A**  
STREET ADDRESS **2120 NW 179TH ST**  
CITY- ST- ZIP **MIAMI FL 33056**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **281 NE 54 ST**  
1.4 CITY- ST- ZIP **MIAMI FL 33137**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  Change  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:

*M. Aurbine Aurubin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/8/96 (305) 754-6697**

DATE

Day/Year/Phone #

CR2E034 (12/95)