

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 30 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066626 (0)

1. Corporation Name

SUNSHINE DAYCARE, INC.

SUNSHINE CHRISTIAN DAYCARE, INC.

Principal Place of Business

323 WEST 9TH STREET
HALEAH FL 33010

Mailing Address

323 WEST 9TH STREET
HALEAH FL 33010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/08/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-053-6794

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

RODRIGUEZ, NORMA V
323 WEST 9TH STREET
HALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

RODRIGUEZ, NILDA V

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

SAME

83

SAME

84 City

SAME

FL

85 Zip Code

SAME

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 607.0508, Florida Statutes.

SIGNATURE

Nilda Viera Rodriguez

NILDA VIERA RODRIGUEZ

1/18/95

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PVS
RODRIGUEZ, NILA V
323 WEST 9TH STREET
MIAMI FL 33010

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
RODRIGUEZ, NILDA V
323 WEST 9TH STREET
MIAMI FL 33010

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

RODRIGUEZ, NILDA V
SAME

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

STDPV
BALAU, LISBET
SAME

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

5/10/25

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

SIGNATURE

Nilda Viera Rodriguez

(Signature and typed or printed name of signing officer or director)

NILDA VIERA RODRIGUEZ

1/18/95

305 8103-6686