

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90147 025 \*\*\*150.00

DOCUMENT # P94000012152

1. Corporation Name

OUR LITTLE ONES, INC.

Principal Place of Business

55 NW 59TH STREET  
MIAMI FL 33127

Mailing Address

55 NW 59TH STREET  
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1994

4. FEI Number

65-0468396

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SICLAIT, EDOUARD  
2961-B DAY AVENUE  
MIAMI FL 33133

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME KING, JORENE A  
STREET ADDRESS 12715 S.W. 112TH CT.  
CITY-ST-ZIP MIAMI FL 33176

TITLE VD ☒ DELETE

NAME JOHNSON, DONNA-MARIA  
STREET ADDRESS 7504 S.W. 179TH TERRACE  
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☒ DELETE

NAME JOHNSON, ELAINE P  
STREET ADDRESS 7504 S.W. 179TH TERRACE  
CITY-ST-ZIP MIAMI FL 33157

TITLE SD ☒ DELETE

NAME BONNET, JEANNIFER M  
STREET ADDRESS 2961-B DAY AVENUE  
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE

NAME CAMBRONNE, ROBERT  
STREET ADDRESS 13730 SW 103RD TERRACE  
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ DELETE

NAME CAMBRONNE, REGINE B  
STREET ADDRESS 13730 SW 103RD TERRACE  
CITY-ST-ZIP MIAMI FL 33186

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

4/21/99

7580046

Daytime Phone #

0182741

CR2E034 (11/98)