

2-5-97 B-1371-C

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Feb 05 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000016168 (4)

1. Corporation Name

TODDLER & RIDER, INC.



Principal Place of Business

 TODDLER RISBE
 24818 SW 177 AVENUE
 HOMESTEAD FL 33176
 US

Mailing Address

 P.O. BOX 924087
 TODDLER & RIDER
 HOMESTEAD FL 33082-4087
 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

06/18/1996

4. FEI Number

65-0474094

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

 LONDONO, MICHELE C
 8745 S.W. 144TH ST.
 MIAMI FL 33176

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 1.1 TITLE ☐ DELETE

 NAME LONDONO, MICHELE C
 STREET ADDRESS 8745 S.W. 144TH ST.
 CITY-ST-ZIP MIAMI FL 33176

 1.2 TITLE ☐ DELETE

 NAME LONDONO, CARLOS H
 STREET ADDRESS 8745 S.W. 144TH ST.
 CITY-ST-ZIP MIAMI FL 33176

 1.3 TITLE ☐ DELETE

 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 1.4 TITLE ☐ DELETE

 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 1.5 TITLE ☐ DELETE

 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 1.6 TITLE ☐ DELETE

 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ Change ☐ Addition

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 (305) 242-1444

CR2E034 (9/96)