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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:58

DOCUMENT # **P94000019859 (5)**

1. Corporation Name
TUTOR TOTS, INC.

Principal Place of Business	Mailing Address
12741 SW 17 CT MIRAMAR FL 33027	12741 SW 17 CT MIRAMAR FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0476583 ☐ 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

GONZALEZ, GIRALDO A
12741 SW 17 CT
MIRAMAR FL 33027

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	GONZALEZ, PATRICIA	1.2 NAME	GONZALEZ, PATRICIA	
STREET ADDRESS	12741 SW 17 CT	1.3 STREET ADDRESS	12741 SW 17 CT	
CITY-ST-ZIP	MIRAMAR FL 33027	1.4 CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	STD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	GONZALEZ, GIRALDO A	2.2 NAME	GONZALEZ, GIRALDO A	
STREET ADDRESS	12741 SW 17 CT	2.3 STREET ADDRESS	12741 SW 17 CT	
CITY-ST-ZIP	MIRAMAR FL 33027	2.4 CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	VD	3.1 TITLE		☒ Change ☐ Addition
NAME	CLARK, ANGELA	3.2 NAME		
STREET ADDRESS	10590 SW 42 CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	CLARK, IDALBERTO	4.2 NAME		
STREET ADDRESS	10590 SW 42 CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 addition.

SIGNATURE: Patricia Gonzalez Patricia Gonzalez 3/25/95 (305)436-3963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — (AREA CODE & TELEPHONE #)

0116928 CP