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 FEB 24 PM 3:48

DOCUMENT # **P94000023464 (8)**

1. Corporation Name

OLGA'S PRE-SCHOOL & DAY CARE INC.

Principal Place of Business	Mailing Address
780 NW LEJEUNE RD SUITE 427 MIAMI FL 33126	780 NW LEJEUNE RD SUITE 427 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. #, etc 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0476638 — 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

CRUZ, ALEJANDRINA G
780 NW LEJEUNE RD
SUITE 427
MIAMI FL 33126

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRUZ, ALEJANDRINA G
STREET ADDRESS	780 NW LEJEUNE RD SUITE 427
CITY ST ZIP	MIAMI FL 33126
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	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	P/T/D	XX Change ☐ Addition
12 NAME	OLGA SUAREZ	
13 STREET ADDRESS	14533 SW 108 STREET	
14 CITY ST ZIP	MIAMI, FLORIDA 33186	
21 TITLE	VP/S/D	☐ Change XX Addition
22 NAME	RAMON SUAREZ	
23 STREET ADDRESS	14533 SW 108 Street	
24 CITY ST ZIP	MIAMI, FLORIDA 33186	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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(1)(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: Olga Suarez Olga Suarez — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/21/95 — 305-221-3427

0121990 CP