FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
JIM MORAN
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # **P94000026292 (0)**

1. Corporate Name

CREATIVE KIDS LEARNING CENTER INC.

Principal Place of Business
1401 S.W. 87TH AVE.
MIAMI FL 33174

Mailing Address
1401 S.W. 87TH AVE.
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/06/1994**

3a. Date of Last Report

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite Apt. # or — 22

Suite Apt. # or — 27

City & State — 23

City & State — 28

24 25 29 30

4. FEI Number: 65-0517245 — 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 Chapter 199 Florida Statutes: [X] Yes [ ] No.

9. Name and Address of Current Registered Agent

LAU, RAQUEL
1335 S.W. 87TH AVE.
MIAMI FL 33174

10. Name and Address of New Registered Agent

01 Name

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

03

04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Section 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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY
01 Title	PD	1 Title	[ ] Change [ ] Addition
NAME	LAU, RAQUEL	1 NAME	
STREET ADDRESS	1335 S.W. 87TH AVE.	1 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33174	1 CITY ST ZIP	
02 Title	VD	2 Title	[ ] Change [ ] Addition
NAME	HEMUS, ROUD	2 NAME	
STREET ADDRESS	1335 S.W. 87TH AVE.	2 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33174	2 CITY ST ZIP	
03 Title	TD	3 Title	[ ] Change [ ] Addition
NAME	LAU, AIDA	3 NAME	
STREET ADDRESS	1335 S.W. 87TH AVE.	3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33174	3 CITY ST ZIP	
04 Title		4 Title	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
05 Title		5 Title	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
06 Title		6 Title	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an asterisk.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100007 CP

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CORPORATION
ANNUAL REPORT
1995

DOCUMENT # **P94000026662 (4)**

1. Corporate Name
LARRY'S TRANSMISSION SERVICE, INC.

Principal Place of Business
1616 N. FLORIDA MANGO RD
W. PALM BEACH FL 33409-5289

Mailing Address
1616 N. FLORIDA MANGO RD.
W. PALM BEACH FL 33409-5289

APPROVED AND FILED
95 MAY 10 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified: 04/05/1994
3a. Date of Last Report:

2. Former Name (If Applicable)
21
2a. Former Address
26

City, State, Zip
22
27

City, State
23
28

24 25 29 30

4. FEI Number: 65-0481455
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 elected or changed its tax status under S. 1361 I.R.C.: NO

9. Name and Address of Current Registered Agent
BLACK, LAWRENCE
1616 N. FLORIDA MANGO RD.
W. PALM BEACH FL 33409-5289

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 Section 607.0505 of the Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent of this corporation shall be as stated in Section 9 and/or 10 of this report.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

TITLE	D
NAME	BLACK, LAWRENCE
STREET ADDRESS	1616 N. FLORIDA MANGO RD.
CITY, ST, ZIP	W. PALM BEACH FL 33409-5289

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS DATA ☐ Change ☐ Add

14. I hereby certify that the information indicated on this report or supplemental 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 above, or on an attached amendment, or on another attached sheet.

SIGNATURE: X Lawrence Black 5-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lawrence Black - President

0248547 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P94000026777 (0)

1. Corporate Name
TOTAL EXPRESS INTERNATIONAL, INC.

Principal Office Address
8270 S.W. 48TH STREET
MIAMI FL 33155

Mailing Address
8270 S.W. 48TH STREET
MIAMI FL 33155

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report

21 7305 NW 36ST.
22 Suite, Apt. #, etc.
23 Miami, Fl
24 33166 25 Country

26 7305 NW 36ST
27 Suite, Apt. #, etc.
28 City & State: Miami, Fl
29 Zip Code: 33166 30 Country

4. FEI Number: 65-0481197 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Fictitious Name Desired [ ] $5.00 May Be Added to Fees
8. Does corporation qualify for acceptance under § 607.0505 Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent
VALLE-RIESTRA, JORGE
8270 S.W. 48TH STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name: Luis Jose Pardo Aramburu
82 Street Address (P.O. Box Number is Not Acceptable): 7305 NW 36 ST
83
84 City: Miami FL 85 Zip Code: 33166

11. Pursuant to Section 607.0505, and/or 1608, 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, trustees, or the appointment of a registered agent has been made by a Section 607.0505, Florida Statutes.

SIGNATURE: Luis Jose Pardo Aramburu 4/20/95

12. OFFICERS AND DIRECTORS
PSD
VALLE-RIESTRA, JORGE
8270 S.W. 48TH STREET
MIAMI FL 33155

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
Title: PSD — X Change [ ] Add
Name: Carlos Velarde
Address: 17911 SW 68 Av. P-208
City/State/Zip: Miami Fl 33015

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

14. I hereby certify that the information supplied with this filing, to the best of my knowledge and belief, is true and accurate in all material respects. I further certify that I am a duly authorized officer of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: Luis Jose Pardo Aramburu 4/20/95 (305) 591-7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0165947 CP