


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MONTGOMERY
Secretary of State
TALLAHASSEE, FLORIDA 32399-0400

DOCUMENT # **P94000026292 (0)**
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**

2. Principal Place of Business: **21**
26. Mailing Address: **26**
22. State and Zip: **22**
27. State and Zip: **27**
23. City & State: **23**
28. City & State: **28**
24. City & State: **24**
25. City & State: **25**
29. City & State: **29**
30. City & State: **30**

APPROVED AND FILED
MAY 22 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date for Corporation or Transfer: **04/06/1994**
3a. Date of Last Report: **04/06/1994**
4. FID Number: **65-0519245**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
B. This corporation has liability for delinquency under Florida Statutes: 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
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3:
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0405 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 aware with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: PD	LAU, RAQUEL 1335 S.W. 87TH AVE. MIAMI FL 33174	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD	HEMUS, ROUD 1335 S.W. 87TH AVE. MIAMI FL 33174	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD	LAU, AIDA 1335 S.W. 87TH AVE. MIAMI FL 33174	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, and equally for the corporation stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and is complete and that my signature shall have the same legal effect as if made under oath. I am secretary or checker of the corporation or the treasurer or trustee of the trust. I am prepared to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change, or as an attachment with an addition.

SIGNATURE: 
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION
CORPORATION

APPROVED
AND
FILED

APR 19 1995

DOCUMENT # **P94000026777 (0)**

TOTAL EXPRESS INTERNATIONAL, INC.

8270 S.W. 48TH STREET
MIAMI FL 33155

8270 S.W. 48TH STREET
MIAMI FL 33155

EXPIRES APRIL 15, 1996

3. Date of Incorporation 04/07/1994 3a. Date of Last Report

21. Principal Office Address 7305 NW 36st.	26. Mailing Address 7305 NW 36st	4. F.I. Number 65-0481197	Applied For Next Application
22. Sub. Exp. #	27. Sub. Exp. #	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Miami, FL	28. City & State Miami, FL	6. Executive Campaign Contributions Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. ZIP Code 33166	29. ZIP Code 33166	30. Filing Office	B. This corporation has liability for intangible tax under s. 199.012, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. City **Miami** FL 85. ZIP Code **33166**

11. I, the undersigned, being duly sworn, depose and say that the above named corporation submits this statement for the purpose of changing its registered office as required by law of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation as required by law of the State of Florida.

SIGNATURE: **Luis Jose Pardo Aramburu** DATE: **4/20/95**

12. OFFICERS AND DIRECTORS

NAME	PSD
VALLE-RIESTRA, JORGE	
8270 S.W. 48TH STREET	
MIAMI FL 33155	

13. ADDITIONAL OFFICERS, DIRECTORS AND OFFICERS

NAME	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CARLOS VELARDE		
17911 SW 68AV. P-208		
MIAMI FL 33015		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 199.012, Florida Statutes. Further, that the information was included in the annual report or supplemental annual report, true and accurate, and that my signature shall bear the same legal effect as if made under oath. That any of the officers or directors of this corporation or the officer or director empowered to execute this report or required by Chapter 199, Florida Statutes, and that my name appears in the book of the corporation or an affidavit with an address.

SIGNATURE: **Luis Jose Pardo Aramburu** 4/20/95 (305) 591-7270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR