

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000026292 (0)**

1. Corporation 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**

3. Date Incorporated or Qualified: **04/06/1994**  
3a. Date of Last Report: **05/22/1995**  
4. FEI Number: **65-0517205**  
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

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

**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**

81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]  
85 Zip Code: **FL** [ ]

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: [ ] (NOTE: Registered Agent signature required when transferring) DATE: [ ]

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAU, RAQUEL	
STREET ADDRESS	1335 S.W. 87TH AVE.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEMUS, ROUD	
STREET ADDRESS	1335 S.W. 87TH AVE.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAU, AIDA	
STREET ADDRESS	1335 S.W. 87TH AVE.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	[ ]	<input type="checkbox"/> DELETE
NAME	[ ]	
STREET ADDRESS	[ ]	
CITY-ST-ZIP	[ ]	
TITLE	[ ]	<input type="checkbox"/> DELETE
NAME	[ ]	
STREET ADDRESS	[ ]	
CITY-ST-ZIP	[ ]	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]* **3/11/96** **267-1039**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/e Phone #

CR2E034 (12/95)