

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000028243 (1)

1. Corporation Name

KID BY NATURE COMPANY

Principal Place of Business

Mailing Address

P.O. BOX 143264  
CORAL GABLES FL 33114-3264

P.O. BOX 143264  
CORAL GABLES FL 33114-3264

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
04/13/1994

|                                |                     |   |  |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 21 254 GIRALDA AVE.            | 26 254 GIRALDA AVE. |   |  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | <input checked="" type="checkbox"/> \$8.75 Additional<br>Fee Required                      |
| 22                             | 27                  | 6. Election Campaign Financing<br>Trust Fund Contribution   | <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                                    |
| City & State                   | City & State        | 8. This corporation has liability for intangible tax under s. 193.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 23 CORAL GABLES FL.            | 28 CORAL GABLES FL  |   |  |
| 24 33134 25 USA                | 29 33134 30 USA     |   |  |

|  |  |   |                |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent            |  | 10. Name and Address of New Registered Agent          |                |
| LEIVA, ROLANDO E<br>7400 S.W. 50 TERRACE<br>MIAMI FL 33155 |  | 81 Name   |                |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                |
|  |  | 83  | SAME           |
|  |  | 84 City   | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607 0502 and 607 150B, 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 \_\_\_\_\_ (Signature of agent or person named as registered agent and the filer acceptable) (NOTE: Registered Agent signature required when mandatory) (DATE)

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------------------|---|--|
| TITLE                      | PD                                   | 1.1 TITLE   | PD/T <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| NAME                       | VELASCO, PENNY                       | 1.2 NAME  | SAME   |
| STREET ADDRESS             | 1214 LISBON STREET                   | 1.3 STREET ADDRESS                                    |  |
| CITY ST ZIP                | CORAL GABLES FL 33134                | 1.4 CITY ST ZIP                                       |  |
| TITLE                      | <del>GUENENBERGER, JOHANNA</del>     | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <del>652 SANTIAGO STREET</del>       | 2.2 NAME  | NO LONGER  |
| STREET ADDRESS             | <del>CORAL GABLES FL 33134</del>     | 2.3 STREET ADDRESS                                    | WITH CORPORATION   |
| CITY ST ZIP                |                                      | 2.4 CITY ST ZIP                                       |  |
| TITLE                      | <del>D</del>                         | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <del>GUENENBERGER, JOHN GERALD</del> | 3.2 NAME  | NO LONGER  |
| STREET ADDRESS             | <del>832 SANTIAGO STREET</del>       | 3.3 STREET ADDRESS                                    | WITH CORPORATION   |
| CITY ST ZIP                | <del>CORAL GABLES FL 33134</del>     | 3.4 CITY ST ZIP                                       |  |
| TITLE                      | D                                    | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VELASCO, CARLOS                      | 4.2 NAME  | VD/S   |
| STREET ADDRESS             | 1214 LISBON STREET                   | 4.3 STREET ADDRESS                                    | VELASCO, JR. CARLOS T.   |
| CITY ST ZIP                | CORAL GABLES FL 33134                | 4.4 CITY ST ZIP                                       | SAME   |
| TITLE                      |                                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 5.2 NAME  |  |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |  |
| CITY ST ZIP                |                                      | 5.4 CITY ST ZIP                                       |  |
| TITLE                      |                                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 110 073(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 on an attachment with no alterations.

SIGNATURE: Carlos T. Velasco Jr 8-1-95 305-447-8856  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR