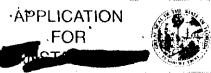
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000040445

Mailing Address

2240 W 8TH CT

HIALEAH FL 33010

1. Corporation Name

DOCUMENT #

Principal Place of Business

2240W BTH ST

HIALEHA FL 33010

KIDS WEARHOUSE INC.



FILED

96 SEP 27 PH 4: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above :	addresses are i	incorrect in any way. line	through incorrect	Linformation a	and enter correction below.				
					ddress, If Applicable	Date Incorporated or Qualified     To Do Business In Florida     05/25/1994			
Suite, Apt	#. etc		Suite, Apt. #, etc.				1		
City & State			City & State				65-0506059 Applied For Not Applied		
Ζφ	Dept. Country		Zip		Country	6. CERTIFICAT	6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
7 Names	and Street Ado	resses of Each Officer at	nd/or Director (FI	lorida nonprol	lit corporations must list at I	<u>-</u>			
Title(s)				3 (D	Street Address of Ea Officer and/or Direct to NOT Use Post Office Box	tor	City / State / Zip		
<b>%P</b>	IRVINE, DA	AWN		2240 W 8TH CT			HIALEAH FL		
•			,						
				3000019749933 -10/15/96-01193-011					
							****225.00	U1193U11   ****225.00	
				CARNOV					
						Soller			
8. Name and Address of Current Registered Agent Name						9. Name and	Address of New Registered	d Agent	
HERNANDEZ, ALBERTO 2240 W 8TH CT					Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH FL 33010					Suite, Apt. #, Etc			W	
					City		Star F	te Zip Code	
		registered agent of the a	above named corp	poration, am fa	amiliar with and accept the	obligations of Sect			
Signature e Registered		LIW X ZDA	REGISTERED AC	GENT MUST	SIGN		Date 9/2-3	190	
11. Do De	pes this c opt. of Re	corporation pay	any intan 3. 199.032	gible tax , Florida	to the Statutes. Yes	s 🗹 No 🗆	(See other s	side for information angible tax.)	
							apter 607 or 617, F.S. I furthe s of section 607,0401 or 617.		

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

9-2396

(355) 8880408 Daytime Phone #

0018945