

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 8 AM 10:31

DOCUMENT # P94000063526 (5)

1. Corporation Name
LULLABIES, INC.

Principal Place of Business
4755 ALTON RD.
MIAMI BEACH FL 33140

Mailing Address
4755 ALTON RD.
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/29/1994	3a. Date of Last Report
4. FEI Number 05-0515804	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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

CLAVJO, ANA B
4755 ALTON ROAD
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1306, 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 X *Ana B. Clavijo* ANA B. CLAVJO, PRESIDENT 5/5/95
Signature, typed or printed name of registered agent and title (date) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	☐ Change ☐ Addition
NAME	CLAVJO-GARCIA, CARMEN	1.2 NAME	
STREET ADDRESS	4468 ALTON ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33140	1.4 CITY - ST - ZIP	
TITLE	PSD	2.1 TITLE	☒ Change ☐ Addition
NAME	CLAVJO-GARCIA, ANA B	2.2 NAME	CLAVJO, ANA B.
STREET ADDRESS	4755 ALTON ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33140	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 110.07(3)(4), 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 partner 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 an address.

SIGNATURE: X *Ana B. Clavijo* ANA B. CLAVJO 5/5/95 538-6949
Signature and typed or printed name of signing officer or director Date Daytime Phone #