SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT 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 30 AM 9:34

DOCUMENT # **P94000076774 (6)**

1. Corporation Name

LIL MOM DAYCARE, INC.

Principal Place of Business	Mailing Address
~~4580 S.W. 129TH AVE.~~ ~~MIAMI FL 33175~~	~~4580 S.W. 129TH AVE.~~ ~~MIAMI FL 33175~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1740 SW 139 AVE	26 1740 SW 139 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33175 County 25 DADE	Zip 29 33175 County 30 DADE

4. FEI Number: IS 65-0530582 ☐ 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 subsidy to amortize the costs s. 193.052, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORBO, TERESA ~~4580 S.W. 129TH AVE.~~ ~~MIAMI FL 33175~~	81 Name: TERESA CORBO 82 Street Address (P.O. Box Number is Not Acceptable): 1740 SW 139 AVE 83 84 City: MIAMI FL 85 Zip Code: 33175

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: Teresa Corbo TERESA CORBO PRESIDENT 6/26/95
(Signature of officer or director of registered agent and its if applicable) (Print Registered Agent signature required when reinstating) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	CORBO, TERESA	12 NAME	CORBO, TERESA
STREET ADDRESS	~~4580 S.W. 129TH AVE.~~	13 STREET ADDRESS	1740 SW 139 AVE
CITY ST ZIP	MIAMI FL 33175	14 CITY ST ZIP	MIAMI FL 33175
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	TORRES, ANA A	22 NAME	
STREET ADDRESS	4580 S.W. 129TH AVE.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33175	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(i), 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 an address.

SIGNATURE: Teresa Corbo 6/26/95 (305) 554-8583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
TERESA CORBO

660611 CP