SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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**	Zip 29 **33175**
County 25 **DADE**	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 reimburse the value of 199.032, 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(s) of [print name of registered agent and title, if applicable] — Typed Registered Agent signature required when reinstating — DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO BE REFLECTED IN 1995 FILE	
TITLE	D	11 TITLE	X 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

650611 CP