

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90118 048 ***150.00

DOCUMENT # P95000010978

1. Corporation Name
BABY WORLD CORPORATION

Principal Place of Business
15840 SW 150 AVE
MIAMI FL 33187
US

Mailing Address
15840 SW 150 AVE
MIAMI FL 33187
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1995

4. FEI Number

65-0557811

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2563 SW 11 ST

Suite, Apt. #, etc.

22

City & State

23 miami, FL

Zip

24 33135

Country

25 US

2a. Mailing Address

26 2563 SW 11 ST

Suite, Apt. #, etc.

27

City & State

28 miami, FL

Zip

29 33135

Country

30 US

9. Name and Address of Current Registered Agent

GONZALEZ, ANA M
15840 SW 150 AVE
MIAMI FL 33187

10. Name and Address of New Registered Agent

81 Name

Ernesto Regalado

82 Street Address (P.O. Box Number is Not Acceptable)

2563 SW 11 ST

83

84 City

miami

FL

85 Zip Code

33135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME GONZALEZ, ANA M
STREET ADDRESS 15840 SW 150 AVE
CITY-ST-ZIP MIAMI FL 33187

TITLE V ☒ DELETE
NAME GONZALEZ, LUIS M
STREET ADDRESS 15840 SW 150 AVE
CITY-ST-ZIP MIAMI FL 33187

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☒ Addition
1.2 NAME Ernesto Regalado
1.3 STREET ADDRESS 2563 SW 11 ST
1.4 CITY-ST-ZIP miami, FL 33135

2.1 TITLE V ☒ Change ☒ Addition
2.2 NAME Sharon Regalado
2.3 STREET ADDRESS 2563 SW 11 ST
2.4 CITY-ST-ZIP miami, FL 33135

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-99 (305) 541-0905

CR2E034 (11/98)

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