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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 10 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011589 (5)

OUR CHILDREN ARE WATCHING, INC.

Principal Place of Business Mailing Address 12555 BISCAYNE BOULEVARD 12555 BISCAYNE BOULEVARD 445 MIAMI FL 33181-2522 MIAMI FL 33181-2522 US US 3. Date Incorporated or Qualified 3a. Date of Last Report 02/08/1995 05/14/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0556470 Not Applicable 21 26 Suite Apt. # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zid $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes D) No Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CHANELES, STEVEN B 3300 NE 192 ST. #1217 **B2** Street Address (P.O. Box Number is Not Acceptable) **AVENTURA FL 33180** 63 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 for 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a solution of the corporation of t SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signal as improcomposed have of registered as shand title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN (96/6)12. OFFICERS AND DIRECTORS 13. DPS DELETE 1.1 TITLE THE cteven b changles COLLINS, SUSAN 1.2 NAME NAMÉ 12555 BISCAYNE BOULEVARD, #445 3300 NE 192 ST #1217 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST-ZIP CITY - S1 - ZIF Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAM-STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP COTY - ST - ZIP DELETE ☐ Change Addition THE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS DITY - ST - ZIE 3.4. CITY-ST-ZIP Change Addition DELETE TIT. 4.1 1ffLE NAME 4. 2 NAME 4.3 STREET ADDRESS SUREET ADDRESS DITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE. 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 proof or supplemental acquart eport 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 corn triation or the receiver of this deep empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name