FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000014670 (0)**

1. Corporation Name

PRESCHOOL CORP. II

Principal Place of Business

~~700 SW 99TH AVE.~~
~~PEMBROKE PINES FL 33025~~

Mailing Address

~~700 SW 99TH AVE.~~
~~PEMBROKE PINES FL 33025~~

2. Principal Place of Business
21 225 HOLIDAY DR.
22 Suite, Apt. #, etc.
23 City & State: HALLANDALE, FL.
24 Zip: 33009 25 Country: U.S.A

2a. Mailing Address
26 P.O. BOX 821810
27 Suite, Apt. #, etc.
28 City & State: SOUTH FLORIDA, FL.
29 Zip: 33082 30 Country: U.S.A

3. Date Incorporated or Qualified: 02/16/1995
3a. Date of Last Report:

4. FEI Number: 65-0564834 ☐ 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

9. Name and Address of Current Registered Agent

~~SHEMESH, MOSHE~~
~~700 SW 99TH AVE.~~
~~PEMBROKE PINES FL 33025~~

10. Name and Address of New Registered Agent
81 Name: SHEMESH REBECA
82 Street Address (P.O. Box Number is Not Acceptable): 225 HOLIDAY DR.
83
84 City: HALLANDALE, FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 607.0502 and 607.150, 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: Rebeca Shemesh Rebeca Shemesh V.P. DATE: 3/24/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHEMESH, MOSHE 700 SW 99TH AVE. PEMBROKE PINES FL 33025	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD SHEMESH MOSHE 225 HOLIDAY DR. HALLANDALE, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SHEMESH, REBECA 700 SW 99TH AVE. PEMBROKE PINES FL 33025	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VDTS SHEMESH REBECA 225 HOLIDAY DR. HALLANDALE, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 added above or on an attachment with an asterisk.

SIGNATURE: MOSHE SHEMESH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/96 DATE

305-829-9000 Daytime Phone #