Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90124 011 \*\*\*150.00

## 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

## DOCUMENT # P95000023125

KIDS IN MOTION LEARNING CENTER, INC.

11150 111								
Principal Place	e of Business	Mailing Address				e immit dat if E immi Attit Aftit anni Haiss and		
906 NW. 62 AVE HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 US						DO NOT WRITE IN TH	IS SPACE	
US		us				3. Date Incorporated or Qualifed 03/22/1995		
2. Principal Pi	face of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21		26				65-0603420	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Gertificate of Status Desired	\$8.75 A		
22		27				5. Contracto di Ciatao Besilica	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip Cou				8. This corporation owes the current year		
24	25	29	30	_		Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registere	u Agent	<u></u>
RHE	NO ANA MARIA			6'	Name			
BUENO, ANA MARIA 5401 NW 179 TERRACE				82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33055				00				
MICSI	WI I E 30000			83				
				84	City	F	85 Zip C	ode
····			45 -					registered
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida State of Florida, Such change w	atutes, the a	above ed by t	e-named corpo the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	ointment as reg	gistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505,	Florida Sta	itutés.			•	
SIGNATURE						when rejustating) DATE		
	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·	NOTE: Registere	<u> </u>	t signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	DP OFFICERS /	AND DIRECTORS		TITLE		ADDITIONS/CHANGES TO STITICE TO	Change	Addition
TITLE	BUENO, ANA MARIA	_ Decen	l li	NAME				
NAME	5401 NW 179 TERRACE		1.2 1		4			
STREET ADDRESS	MIAMI FL		126	PTDCET	ADDDESS	•		
CITY-ST-ZIP					ADDRESS			
TITLE		□ DELETE	1.4 0	CITY-ST	i		Change	Addition
	S	☐ DELETE	2.11	CITY-ST	i	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME	S ULFE, JOSE J	☐ DELETE	2.11 2.21	CITY-ST TITLE NAME	T-ZIP		Change	Addition .
STREET ADDRESS	S ULFE, JOSE J 906 NORTH 62 AVENUE	☐ DELETE	2.1 T 2.2 M 2.3 S	CITY-ST TITLE NAME STREET	-ZIP ADDRESS		. Change	Addition
STREET ADDRESS CITY-ST-ZIP	S ULFE, JOSE J		1.4 C 2.1 T 2.2 M 2.3 S 2.4	CITY-ST TITLE NAME STREET CITY-ST	-ZIP ADDRESS		∴ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE	S ULFE, JOSE J 906 NORTH 62 AVENUE	☐ DELETE	1.4 C 2.1 T 2.2 M 2.3 S 2.4 4 3.1 T	CITY-ST TITLE NAME STREET CITY-ST	-ZIP ADDRESS			
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	S ULFE, JOSE J 906 NORTH 62 AVENUE		2.11 2.21 2.33 2.4 E 3.11	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS T- ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S ULFE, JOSE J 906 NORTH 62 AVENUE		1.4 C 2.11 2.2 h 2.3 S 2.4 E 3.11 3.2 h 3.3 S	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET	ADDRESS T- ZIP ADDRESS			
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S ULFE, JOSE J 906 NORTH 62 AVENUE	DELETE	1.40 2.11 2.24 2.35 2.4 3.11 3.21 3.35 3.4. E 4.11 4.2	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS T- ZIP  ADDRESS T- ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S ULFE, JOSE J 906 NORTH 62 AVENUE	DELETE	1.40 2.11 2.2N 2.3S 2.4 3.11 3.2N 3.3S 3.4. E 4.11 4.2 4.3S	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME NAME STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	S ULFE, JOSE J 906 NORTH 62 AVENUE HOLLYWOOD FL	☐ DELETE	1.40 2.11 2.28 2.35 2.4 3.11 3.28 3.4. 4.2 4.33 4.46 5.11 5.28	CITY-ST ITTLE  NAME STREET CITY-ST ITTLE  NAME STREET ITTLE  NAME STREET CITY-S' ITTLE  NAME STREET CITY-ST ITTLE  NAME NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S ULFE, JOSE J 906 NORTH 62 AVENUE HOLLYWOOD FL	☐ DELETE	1.40 2.11 2.2N 2.3S 2.4 3.11 3.2N 3.4. 4.2 4.33 4.44 5.11 5.2N 5.3S 5.40 E 6.11	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		☐ Change	Addition  Addition
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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, of on an attachment with an address, with all other like empowered.

**SIGNATURE:** G OFFICER OR DIRECTOR