

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000028352 (9)**

1. Corporation Name

SOUTH FLORIDA'S KIDS EXPO, CORP.

Principal Place of Business

**5319 S.W. 91ST AVE.
MIAMI FL 33165**

Mailing Address

**5319 S.W. 91ST AVE.
MIAMI FL 33165**

2. Principal Place of Business

21 3400 CORAL WAY, 3RD FL
Suite, Apt. #, etc.

22
City & State

23 MIAMI, FL 33145
Zip Country

24 33145

25 USA

2a. Mailing Address

26 5319 SW 91 AVENUE
Suite, Apt. #, etc.

27
City & State

28 MIAMI, FL 33165
Zip Country

29 33165

30 USA

9. Name and Address of Current Registered Agent

**RIVERO, LILLIAM E
5319 S.W. 91ST AVE.
MIAMI FL 33165**

3. Date Incorporated or Qualified

04/10/1995

3a. Date of Last Report

4. FET Number

65-0583906

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.007 and 607.150, Florida Statutes, the above named corporation submits the 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 607.007, Florida Statutes.

SIGNATURE

Signature of the person signing this report

Signature of the person signing this report

DATE

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

NAME
**PD
RIVERO, LILLIAM
5319 S.W. 91ST AVE.
MIAMI FL 33165**

2. NAME ☒ DELETE

NAME
**VD
GONZALEZ, ISAUL
5319 S.W. 91ST AVE.
MIAMI FL 33165**

3. NAME ☐ DELETE

NAME
**SD
FINOQUIADO, MICHAEL
5319 S.W. 91ST AVE.
MIAMI FL 33165**

4. NAME ☐ DELETE

NAME
**TD
OLAZABAL, HUGO
1821 S.W. 17TH TERRACE
MIAMI FL 33145**

5. NAME ☐ DELETE

6. NAME ☐ DELETE

7. NAME ☐ DELETE

8. NAME ☐ DELETE

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14. NAME ☐ DELETE

15. NAME ☐ DELETE

16. NAME ☐ DELETE

17. NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. NAME ☐ Change ☐ Addition

4. NAME ☐ Change ☐ Addition

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26. NAME ☐ Change ☐ Addition

27. NAME ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Rivero

4/8/96 (305) 279-5546

CR2E034 (12/95)