

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 # P95000046535 (7)

1. Corporation Name  
BABY VILLAGE, INC.



Principal Place of Business  
3222 STONEMASTER DRIVE  
LAKELAND FL 33803

Mailing Address  
3222 STONEMASTER DRIVE  
LAKELAND FL 33803

3. Date Incorporated or Qualified 06/12/1995 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4258 U.S. 98 NORTH	26 4258 U.S. 98 NORTH	59-3329276	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 CALELAND FL	27 CALELAND FL	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 City & State	28 City & State	Trust Fund Contribution	
24 Zip 33809	29 Zip 33809	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Country U.S.A.	30 Country U.S.A.		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRE, JORGE J  
3222 STONEMASTER DRIVE  
LAKELAND FL 33803

81 Name	JORGE J. TORRE
82 Street Address (P.O. Box Number is Not Acceptable)	4258 U.S. 98 NORTH
83	
84 City	CALELAND FL
85 Zip Code	33809

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 JORGE J. TORRE

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

(NOTE: Registered agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT & SECRETARY	<input type="checkbox"/> DELETE
NAME	JORGE J. TORRE	
STREET ADDRESS	3222 STONEMASTER DR	
CITY-ST-ZIP	CALELAND FL 33803	
TITLE	VIC-PRESIDENT & TREASURER	<input type="checkbox"/> DELETE
NAME	ENLID A. ORTEGA	
STREET ADDRESS	621 SUMMIT ST	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	EDILBERTO MARTINEZ	
STREET ADDRESS	7 WERLOCK BLUFF	
CITY-ST-ZIP	MARLBORO NY 12542	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JORGE H. TORRE	
STREET ADDRESS	2-B-38 ALTURAS PLUMBOMAN	
CITY-ST-ZIP	DAYTON PR 00969	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100001835531
1.4 CITY-ST-ZIP	-05/22/96--01110--061
2.1 TITLE	***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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.

SIGNATURE:

JORGE J. TORRE

DATE

DAY/PHONE #

4/15/99 (941) 899-7686

CR2E034 (12/95)