

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 # P95000063749

1. Corporation Name

NATALIE'S DAY CARE, INC.

Principal Place of Business

2300 CORAL WAY
#200
MIAMI FL 33145

Mailing Address

2300 CORAL WAY
#200
MIAMI FL 33145

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22 SUITE # 200

City & State

23 MIAMI

Zip

24 33145

FLORIDA

Country

25 US.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27 SUITE # 200

City & State

28 MIAMI

Zip

29 33145

FLORIDA

Country

30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
#200
MIAMI FL 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named Corporation hereby certifies that the information furnished 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and address of principal office

AMADA CANTERA LOPEZ, PRES

(Print Name and Address of Registered Agent and Principal Office)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

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CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[Change] [Add]

1100002859601--2

-05/03/99--01005--015

****150.00 ****150.00

[Change] [Add]

SIGNATURE:

GISEL MOYA, PRES

99 APR 30 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1995

4. FEI Number

65-0628149

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owns the current year intangible
Personal Property Tax

[Yes] [No]

10. Name and Address of New Registered Agent

81 Name FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY, SUITE # 200

83

84 City MIAMI

FL 85 Zip Code 33145

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

8/4/30

4/6/99

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CR2E034 (11/98)