🛶 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FILED PROFIT Jun 09 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P950000 65901 Happy Kids too, TUC. Principal Place of Business Mailing Address P.O. Box 414597 1700 Jefferson Avenue Miami Beach, Fl.33141 Miami Beach, FL. 33139 3. Date Incorporated or Qualified 3a. Date of Last Report 8/25/95 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0603189 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, ▼Yes □ No 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent The Law Firm of Lawrence I sprenel character 343 Almeria Avenue iana Susi Street Address (P.O. Box Number is Not Acceptable) 33141 Coral Gables, Fl 33134 Beach 11. Pursuant to the provisions of Sections 607.0502 and 607.2508, 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, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE_Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 TITLE ☐ Change ☐ Addition NAME 1.2 NAME Evsi, DiAnA 1700 JEFFERSON ARONE MIAMI BEACH, FI 33139 1.3 STREET ADDRESS STREET ADDRESS 14 CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE 4.1 30146 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(1Y-S1-Z)P CITY-ST-ZIP DELETE Addition TITLE 6.1 1/TLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Ido hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. If Jurther certify that the information indicated on this annual report or supplemental applied 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 conforation or the receiver of frustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 I changed, or on an attantiment with an address. DIANA SUSI 305-864-744