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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State

1	996	DIVIS:ON	OF CORPORATIONS		
DOCUM 1. Corporation N	IENT # P950	00072384	(7)		
KID'S	AVENUE, INC.				
Principal Place o	f Business	Mailing Adoress			18 11
2610 N.W. 5TH AVENUE MIAMI FL 33127		2610 N.W. 5TH AVENUE MIAMI FL 33127			
				3. Date Incorporated or Qualified 3. 09/19/1995	3a. Date of Last Report
2. Principal Plac		2a. Mailing Address		4. FE Number	Applied For
21 3 6 Suite, April #.	W. Oakland	Suite. Apt. #, etc.		65.0615580	Not Applicable 88.75 Additional
22	JE BINA	27		5. Certificate of Status Desireo	Fee Required
City & State	and lack	City & State		Fection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 🕝	Country	Zip	Country	8. This corporation has liability for inta	
24 1	9. Name and Address of Curren	29 A Registered Agent	[30]	Florida Statutes Y Yes [
	g. Hatte and Addition of Carro	t riogistored rigori	81 Name		
OH. SU	IN H WA		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	OCOPLUM CIRCLE			idigas (Examples to the factor to the factor)	
#39103			83		
COCON	IUT CREEK FL		84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050:	2 and 607.1508. Florida St.	alutes, the above named con	poration submits this statement for the purpo	so of changing its registered office
or registered	d agent, or both, in the State of flor , and accept the obligations of, Sec	oa. Such change was auth	or zed by the corporation's b	oard of directors. Thereby accept the appoin	trnent as registered agent. Lan:
SIGNATURE	, and accept the design with the erse				
Si	gratine, typed or profed har electrophile at a per	Taka Berdagelah k ID DIRECTORS	(N.) it Registered Agent supration req	night when he storing. ADDITIONS/CHANGES TO OFFICE	DATE DIDECTORS IN 12
12.	PSTD OFFICENS AN	DELETE	1 1 DILE	ADDITIONS/GHANGES TO OFFICE	Change Addition
NAME	OH, SUN H	 ,	1.2 NAME		
STREET ADDRESS	4070 COCOPLUM CIRCLE	#39103	1.3 STHEET ACORESS		
CITY-ST-ZIP	COCONUT CREEK FL 330	63	1.4 CITY+ST ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY · ST · 7:P		DELETE	2.4 C(TY-S1-Z(i)		Change Addition
THILE			3 1 THLE 32 NAME		Criange Addition
NAME CIRCLI ADDRESS			33 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.4 C:TY - ST - Zi?		
file	The state of the s	DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CiTy - ST - ZiP			44 CHY+ST ZIP		
THLE		DELETE	5 THEF		Change Addition
NAME			5.2 NAMU		
STREET ADDRESS			5.3 STREET ADDRESS		
C:TY - ST - ZIP		DELETE	54 CHY - \$1 - 209 6 1 TIFLE		Change Addition
TITLE NAME		Librer	6.2 NAME		C o to the C Nation
STREET ADDRESS			63 STREET ADDRESS		

City-SI-2IP

14. Tido 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 cert, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Onspter 607, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attainment within ackiness

SIGNATURE:

| SIGNATURE |