FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE NAME

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthant

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000320 (7)

A CHILD'S PLACE OF SUNILAND, INC.

12400 SW 84TH AVE RD 12400 SW B4TH AVE RD MIAM! FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0673855 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes ☐ No 25 30 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name ROHANI, ZARIN 12400 SW 84TH AVE RD 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, I totida 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 Lionida. 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 607.05.05, I lorida Statutes. SIGNATURE (NCH) - Registered Agent signature required when reinstating) Signature, typical or printed himselfd to perform agent and fills if appropable DATE CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 1111.8 ROHANI, ZARIN NAME 1.2 NAME 12400 SW 84TH AVE RD STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** CITY-S1-ZIP 1.4 CHY-ST-7IP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.

3.1 TITLE 3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

611HH

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 City - St - Zip

5.3 STREET ADDRESS 5.4 CITY-ST-7IP

6.3 STREET ADDRESS

3.4. CITY - ST - ZIP

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Apr 14 1998 8:00am

Secretary of State