

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

FILED

Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000000798 (4)

1. Corporation Name

KIDDIE DAY CARE CENTER OF SOUTH FLORIDA, INC.

Principal Place of Business

4801 SW 112TH AVE
MIAMI FL 33165

Mailing Address

4801 SW 112TH AVE
MIAMI FL 33165-4767



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/26/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0627814

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ALVAREZ, MERIDA
8387 SW 148TH AVE
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Not a registered agent or director, then signature is not applicable)

(Not a registered agent or director, then signature is not applicable)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
DP
ALVAREZ, MERIDA
3581 SW 117 AVE #302
MIAMI FL 33175
12.2 TITLE
DT
OBESO, MARIA
8387 SW 148TH AVE
MIAMI FL 33193
12.3 STREET ADDRESS
12.4 CITY- ST- ZIP
12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY- ST- ZIP
12.9 TITLE
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13.00 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY- ST- ZIP
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13.99 STREET ADDRESS
14.00 CITY- ST- ZIP

14. I hereby 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing or on an amendment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Merida Alvarez

3-13-97

Date

Exemption Phone #

0222252

CR2E034 (9/96)