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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000916 (2)

WISE KIDS DAY CARE, INC.

Principal Place of Business Mailing Address 2360 W. 68 ST. 2360 W. 68 ST. HIALEAH FL 33014 HIALEAH FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/27/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0629497 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zip Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HINESTROSA, PILAR 2360 W. 68 ST. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33014 83 City 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** Signature, typed or pointed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS **DPTS** Change Addition DELETE 1.1 TITLE TITLE HINESTROSA, PILAR NAME 12 NAME 2360 W. 68 ST. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIP 1.4 CITY-ST-ZIP ■ Addition DELETE ☐ Change 2.1 TITLE TITLE Jorge bucket 2.2 NAME NAME secretary STREET ADDRESS 2.3 STREET ADDRESS Sti Carrington Lane 2.4 CITY-ST-ZIP CITY-ST-ZIP 3332C Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one attachment with an address.

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2F034 (10/97)

FILED

May 08 1998 8:00am

Secretary of State