

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

FILED  
May 01 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000018418 (9)  
1. Corporation Name  
A.B.C. DAY CARE & LEARNING CENTER, INC.



|   |  |
|---|--|
| Principal Place of Business<br>9091 TAFT ST.<br>PEMBROKE PINES FL | Mailing Address<br>9091 TAFT ST.<br>PEMBROKE PINES FL 33024-4650 |
|---|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br>02/28/1996   | 3a. Date of Last Report                                |
| 4. FEI Number<br>65-0698017   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br>PESTANO, ANTONIN<br>7401 NW 11TH PL.<br>PLANTATION FL 33313 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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: *Antonin Pestano* TONY PESTANO 1-9-97  
Signature, typed or printed name of registered agent and fee # applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                          | DELETED                  |
|----------------------------|--------------------------|--------------------------|
| TITLE                      | President                | <input type="checkbox"/> |
| NAME                       | MARIA PEREZ              |                          |
| STREET ADDRESS             | 9091 TAFT ST             |                          |
| CITY-ST-ZIP                | Pembroke Pines, FL 33024 |                          |
| TITLE                      | Vice President           | <input type="checkbox"/> |
| NAME                       | MARIA CARMEN Lopez       |                          |
| STREET ADDRESS             | 9091 TAFT ST             |                          |
| CITY-ST-ZIP                | Pembroke Pines, FL 33024 |                          |
| TITLE                      |                          | <input type="checkbox"/> |
| NAME                       |                          |                          |
| STREET ADDRESS             |                          |                          |
| CITY-ST-ZIP                |                          |                          |
| TITLE                      |                          | <input type="checkbox"/> |
| NAME                       |                          |                          |
| STREET ADDRESS             |                          |                          |
| CITY-ST-ZIP                |                          |                          |
| TITLE                      |                          | <input type="checkbox"/> |
| NAME                       |                          |                          |
| STREET ADDRESS             |                          |                          |
| CITY-ST-ZIP                |                          |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  |                          |                          |
| 1.3 STREET ADDRESS                                    |  |                          |                          |
| 1.4 CITY-ST-ZIP                                       |  |                          |                          |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  |                          |                          |
| 2.3 STREET ADDRESS                                    |  |                          |                          |
| 2.4 CITY-ST-ZIP                                       |  |                          |                          |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  |                          |                          |
| 3.3 STREET ADDRESS                                    |  |                          |                          |
| 3.4 CITY-ST-ZIP                                       |  |                          |                          |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  |                          |                          |
| 4.3 STREET ADDRESS                                    |  |                          |                          |
| 4.4 CITY-ST-ZIP                                       |  |                          |                          |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  |                          |                          |
| 5.3 STREET ADDRESS                                    |  |                          |                          |
| 5.4 CITY-ST-ZIP                                       |  |                          |                          |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME  |  |                          |                          |
| 6.3 STREET ADDRESS                                    |  |                          |                          |
| 6.4 CITY-ST-ZIP                                       |  |                          |                          |

14. I do 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 included 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 if changed, or on an attachment with an address.

SIGNATURE: *Maria Perez* MARIA PEREZ 1-9-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0153056

CR2E034 (9/96)