

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90229 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P 96000029749 ✓

1. Corporation Name  
**LEISHA, INC.**  
**DBA KIDSWORLD ACADEMY**

Principal Place of Business Mailing Address  
**870 NW 34<sup>th</sup> STREET 1430 SW 85<sup>th</sup> AVE.**  
**OAKLAND PARK PEMBROKE PINES**  
**FL. 33309 FL. 33025**



DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Data Incorporated or Qualified	
4. FEI Number <b>65-0658416</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owns or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**ROTH, ROTH & ASSOCIATES**  
**16459 NE 6<sup>th</sup> Ave**  
**N. MIAMI BEACH - FL. 33162**

81	Name	<b>PETER &amp; SONIA GORDON</b>
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	<b>1430 SW 85<sup>th</sup> AVE.</b>
84	City	<b>PEMBROKE PINES FL</b>
85	Zip Code	<b>33025</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1540, 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 *Sonia E. Gordon*  
 Signature, typed or printed name of registered agent and date of signature (DATE Registered Agent signature prepared shown later)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE	
NAME	<b>SONIA E. GORDON</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>1430 SW 85<sup>th</sup> AVE</b>		
CITY - ST - ZIP	<b>PEMBROKE PINES - FL 33025</b>		
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE	
NAME	<b>PETER L. GORDON</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>1430 SW 85<sup>th</sup> AVE.</b>		
CITY - ST - ZIP	<b>PEMBROKE PINES - FL 33025</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 if changed, or on an attachment with an address.

SIGNATURE: *Sonia E. Gordon*

CR2E034 (10/97)