## 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 # P96000047802 (9)

LITTLE	PEOPLE'S VILLAGE, INC.		(-)						
Principal Place of Business Mailing Address							<b>adili da</b> lih da	411 16401 14011 00	ilië kiës leël
3890 N. ANDREWS AVE 3121 W. HALLEDALE BE: FT. LAUDERDALE FL 3309 101			ALE BEAC I						
						DO NOT WRITE IN THIS SPACE			
US		PEMBROKE PINE	S FL 33009	1				SPACE	
		U\$				3. Date Incorporated or Qualified 06/05/1996	1		
· ·	face of Business	2a. Mailing Addre	SS			4. FEI Number		Ar	pplied For
21		26	·····			65-0668668			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	27			5. Certificate of Status Desired		7	Additional equired
City & State	е	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		bebbA	to Fees
Zip	Country	Z <sub>ip</sub>		Country		8. This corporation owes or has paid the current year Intangible			
24	25	29	30	ــــــــــــــــــــــــــــــــــــــ		Personal Property Tax due Jur			_ No
PA	<ol> <li>Name and Address of Curre LENZUELA, ROBERTO L</li> </ol>	iii Registered Agent		81	Name	10. Name and Address of New F	redistered	) Agent	
701	1 BRICKELL AVENUE #2150 AMI FL 33131			82 Street Add		ess (P.O. Box Number is Not Accept	able)		
MU	'MM FL 33131								
				B4	City		FI	85 Zip	Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or protest name of registered as					oration submits this statement for the ion's board of directors. I hereby acc	DATE	pointment as	registered
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTOR	RS IN 12
TITLE	D DELETE			1.1 TITLE				Change	Addition
NAME CHUSID, HOWARD				1.2 NAME					
STREET ADDRESS	3121 W. HALL BEACH BLVD	. <b>#101</b>		1.3 STREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PARK FL			1.4 CITY-ST-	ZIP				
TITLE		☐ DE	ETE	2.1 TITLE				Change	Addition
NAME	ŧ I			22 NAME					
STREET ADDRESS	ADDRESS		2.3 STREET ADDRESS		DORESS				
CITY-ST-ZIP				2.4 CITY-ST	- ZIP		<u>-</u>		
TITLE	DELETE		t i t	3.1 TITLE				☐ Change	Addition
HAME				3.2 NAME	i				
STREET ADDRESS				3.3 STREET A					
CITY-ST-ZIP	T DELETE		ETC	3.4. CHY-ST-ZIP				Change	Addition
TITLE	- DELETE		EIE	4.1 TITLE				L_ Unange	L Addition
NAME	}			4. 2 NAME					
STREET ADDRESS				4.3 STREET A					
CITY-ST-ZIP TITLE		DE	ETE	4.4 CITY-ST- 51 TITLE	ZIP			Change	Addition
NAME				5.2 NAME				عوالمان نب	- AQUITON
STREET ADORESS				5.3 STREET A	DORESS				
CITY-ST-ZIP				5.4 CITY-ST-					
TITLE		DEL	ETE	6.1 TITLE	411			Change	Addition
NAME			-	6.2 NAME					. 100.1.01
STREET ADDRESS				6.3 STREET A	DORESS				
CITY-ST-ZIP				6.4 CITY-ST-					

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 tostee employeed 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:

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**FILED** 

May 12 1998 8:00am

Secretary of State