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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048174 (2)

THE LEARNING TREE DAY CARE PRESCHOOL INC.

FILED May 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							
,		Mailing Address			1.21		
2122 SW 82ND CT. MIAMI FL 33155-1243		2122 SW 82ND CT. Miami FL 33155-1243					
					3. Date Incorporated or Qualified 06/06/1996	3a. Date of Last R	eporl
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FELNumber	Ar.	plied For
21		26			65-068397) No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	- pm	
23	28				Trust Fund Contribution	Added t	
Zip 24	Country	Z _i p	Count	ıry	8. This corporation has liability for in	ntangible tax under s I Yes	. 199.032,
24]	25 9. Name and Address of Currer	nt Pegistered Agent	30		Florida Statutes 10. Name and Address of New Rec		
OUA		iir nagistered Agent	. 8	1 Name	10. Name and Address of New Neg	isterau Agent	
	ARDO, MARIA		Vi Name				\
	SW 82ND CT.		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
MIAM	I FL 33155-1243		83				
			}°	3			ì
			-	4 City			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 bpth, 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 everythic obligations of, Section 607.0505, Florida Statutes. SIGNATURE **Signature, typed or protect hereby a protect agent and tit of applicable (NOTE registed Agent signature required when reinstaining) DATE **DESTRUCT:** **Transport of the purpose of changing its registered agent and tit of applicable (NOTE registed Agent signature required when reinstaining)							
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
	DP	DELETE	1.1 1/11.6	· T		☐ Change	Addition
NAME	MARTIN, LISETTE		1.2 NAM	E			
STREET ADDRESS	2122 SW 82ND CT.		1.3 STREET ADDRESS				ì
CITY-ST-ZIP	MIAMI FL 33155-1243		1.4 CITY - ST - ZIP				
	The state of the s		2111111			Change	Addition
NAME	GUAJARDO, MARIA		2.2 NAME				ĺ
STREET ADDRESS	13666 SW 102ND LN.		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAM! FL 33186		2 4 CITY	r-\$1-ZiP			
TITLE		DELETE	3.1 1(T)			Change	L Addition
NAME			3.2 NAM	f ·			
STREET ADDRESS			3.3 STRE	E1 ADDRESS			Į
CITY-ST-ZIP			3.4. CITY	r-S1-ZIP			
TITLE		DELETE	4.1 7111.8			☐ Change	Addition
NAME			4. 2 NAM	AE			ļ
STREET ADDRESS			4.3 S168	E1 ADDRESS			ł
CITY-ST-ZIP			4.4 DITY	- ST - ZIP			
TITLE		DELETE	5.1 1071.0			Change	Addition
NAME			5 2 NAM	E	•		
STREET ADDRESS			5.3 \$1RE	ET ADDRESS			
CITY-ST-ZIP			5.4 C(1Y	- \$1 - ZIP			_
TITLE			6.1 T(TLE			Change	Addition
NAME			6.2 NAM	F .			
STREET ADDRESS			6.3 \$1RE	ET ADDRESS			ļ
CITY-ST-ZIP				- ST - ZIP			[
	certify that the information supplie	ed with this filing does not gu			d in Section 119.07(3)(i), Florida Statutes	. I further certify that	the