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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048174 (2)

THE LEARNING TREE DAY CARE PRESCHOOL INC.

FILED Jan 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2122 SW 82ND CT. 2122 SW 82ND CT. MIAM! FL 33155-1243 MIAMI FL 33155-1243 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0683979 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes □ No 24 25 Personal Property Tax due June 30. 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GUAJARDO, MARIA 2122 SW 82ND CT. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155-1243 83 84 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 an image capt the obligations of Section 607.0505. Florida Statutes. SIGNATURE CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.5 TITLE TITLE MARTIN, LISETTE NAME 1.2 NAME 2122 SW 82ND CT. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33155-1243 CITY ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **GUAJARDO, MARIA** NAME 2 2 NAME 13666 SW 102ND LN. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change __ Addition TIT1 F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET AUDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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 13 if changed, or an attachment with an address.

CHATURE, MONOTONO MONTO GUATORO

1-22-98 (305)386-1344