

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # P96000049240 (0)**

1. Corporation Name

**MONTESSORI CHILDREN'S ACADEMY INC.**



Principal Place of Business

**9718 S.W. 40 ST.  
MIAMI FL 33165**

Mailing Address

**9718 S.W. 40 ST.  
MIAMI FL 33165-4032**

2. Principal Place of Business

**21** Suite Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**06/06/1996**

3a. Date of Last Report

4. FEI Number

**65-0673767**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LLADO, FRANCISCO E  
4399 S.W. 89 AVE.  
MIAMI FL 33165-5370**

10. Name and Address of New Registered Agent

**81** Name **LLADO, FRANCISCA E.**

**82** Street Address (P.O. Box Number is Not Acceptable)

**4399 S.W. 89 Ave.**

**83**

**84** City **Miami**

**FL**

**85** Zip Code **33165**

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE **Francisca E. Llado, FRANCISCA E. LLADO, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>FRANCISCA E. LLADO</b>	
1.3 STREET ADDRESS	<b>4399 S.W. 89 Ave.</b>	
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33165-5370</b>	
2.1 TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CHRISTINA LLADO</b>	
2.3 STREET ADDRESS	<b>4399 S.W. 89 Ave.</b>	
2.4 CITY - ST - ZIP	<b>MIAMI, FL 33165</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **Francisca E. Llado**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-96(305)225-3070**  
Date Daytime Phone #

CR2E034 (9/96)