## 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 #

P96000061998 (6)

KIDS I.D. INC.

**FILED** Mar 09 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		. realises fin inthe mill and mail and mill and mile fine into the falls total last one.	
5251 NW 170 TERR		5251 NW 170 TERR		#**	
MIAMI FL 3	3055	MIAMI FL 33055		DO NOT WRITE IN TH	IS SDACE
				3. Date incorporated or Qualified	10 OI AOL
				07/24/1996	
9 Principal Pi	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
<del>                                     </del>	ace of business	— ·		65-0679899	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	#, <b>6</b> 10.	27		5. Certificate of Status Desired	Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23	-	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	<u> </u>	0	Personal Property Tax due June 30.	Yes No
-71	g. Name and Address of Curre			10. Name and Address of New Registers	ed Agent
D	ODRIGUEZ, ANABELL		81 Name		
5251 NW 170 TERR			00 00 00 00	(DO D. Allerther in Mark Assessable)	
MIAMI FL 33055			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
, m	HAMITE GOODS		83		
			84 City	F	85 Zip Code
44 Pursuant I	o the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	the above-named con		
office or re	egistered agent, or both, in the State	e of Florida. Such change was au	thorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the s	appointment as registered
agent. i ai	m familiar viliti, and accept the obili	Janonyor, Saction 607.0505, Fiori			2/1/00
SIGNATURE	Signature, typyd or printed name of registered as	0_100***/1	Na ball from Registered Agent signature requi		<del>- 2/1/48 -  </del>
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Vice-President / Director	Change Addition
NAME	TORRES, LUZ		1,2 NAME	lorge Rodriguez	
STREET ADDRESS	5361 NW 170 TERR			SZEL NM HOTEM	
CITY-ST-ZIP	MIAMI FL 33055		1.4 CiTY+ST-ZiP	Miami, a 33055	
TITLE	VSTD	DELETE	2.1 TITLE		Change Addition
NAME	RODRIGUEZ, ANABELL		2.2 NAME	,	
STREET ADDRESS	5251 NW 170 TERR		2.3 STREET ADDRESS		
I -	MIAMI FL 33055		2. 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	MICHIEL GOODS	DELETE	3.1 TITLE		Change Addition
NAME		<u> </u>	3.2 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETÉ	4.1 TITLE		Change Addition
			4. 2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			<b>1</b>		
CITY-ST-ZIP		DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
TITLE		CT profit			to our do
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		E DECEME	5.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	6.1 TITLE		Cutailite (**) vanigaii
NAME			6.2 NAME	í	
STREET ADDRESS			6.3 STREET ADDRESS		
City+ST-7IP			6.4 CITY-ST-ZIP		

14. Thereby 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 changes or on an attangament with an address.