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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMEN NOF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000026965 (8) DOCUMENT #

CHILD TO CHILD CORP.

## **FILED** Apr 17 1998 8:00am Secretary of State



	<del></del>			
Principal Plac	ce of Business	Mailing Address		
2271 SW 22		2271 SW 22 ST Miami Fl 33145		
MIAMI FL 33	5145	MIAMI PL 33143		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 03/20/1997
2. Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4 FFt Number Applied For
1 1361	11 S. DixE Hwy	26 2271	SW 225+	65-07 4175L Not Applicable
Suite, Apt.	. #, etc. /	Suite, Apt. #, etc,		5. Certificate of Status Desired \$8.75 Additional
2 #10	7	27 MI AM		Fee Required
City & Stai		City & State	LORI'PA	Election Campaign Financing \$5.00 May Be
3 MIA	ni FLOQIDAI Country	20	Country	Trust Fund Contribution Added to Fees
Zip 4 331		<sup>Zip</sup> 33/45	30 DADE	B. This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30. ☐ Yes ☐ No
4 33/	9. Name and Address of Curr	[20]	30 0.32 0	10. Name and Address of New Registered Agent
D/	AFFO, ELENA		81 Name	
2271 <b>SW</b> 22 ST				(0.00 )
MIAMI FL 33145			82 Street Add	Iress (P.O. Box Number is Not Acceptable)
1881	MINITE SOFTS		83	
			84 City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered in	agent and title 1 appreciable (NOTE: ND DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PASSIDEN-		1.1 TITLE	Change Addition
NAME	ELENA RAF		1.2 NAME	<b>-</b> , -
STREET ADDRESS	1		1.3 STREET ADDRESS	
CITY-ST-ZiP	MIAMI FLO	RIDA 33145	1.4 CITY - ST - ZIP	
TITLE	Miami FLO VICE Presipo	SO CIL DELETE	2 1 TITLE	☐ Change ☐ Additio
NAME	I REN E KAFFO	/	2.2 NAME	
STREET ADDRESS	2271 S.W 3	225T	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLOR	ina 53145	2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Additio
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP TITLE	<u> </u>	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	☐ Change ☐ Additio
NAME		□ ыше	4. 2 NAME	5.000
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City - St - ZiP	<i>)</i> ,
TITLE	<del>                                     </del>	☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	/////
STREET ADDRESS			5.3 STREET ADDRESS	/
CITY-ST-ZIP			5.4 CITY - ST - ZIP	74 1 1/1 /
TITLE		DELETE	61 TITLE	501110124376 ± Change □ Addition
NAME			6.2 NAME	-U4/1(/36U11@Հ <b>~</b> UU3 აად100,00
STREET ADDRESS			6.3 STREET ADDRESS	***150.00
CITY-ST-7IP	1		6.4 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 roceiver 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.