

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000038653 (6)
 Corporation Name
KID'S INN, INC.



Principal Place of Business 25 NE 108 STREET MIAMI SHORES FL 33161	Mailing Address 25 NE 108 STREET MIAMI SHORES FL 33161
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1997	
21 577 NE 107 St	22	26 577 NE 107 St	27	4. FEI Number 65-074-9856	Applied For Not Applicable
City & State Miami, FL		City & State Miami, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 33161	24 USA	28 33161	29 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

RUIZ, JACKI L
25 NE 108 STREET
MIAMI SHORES FL 33161

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, JACKI L	1.2 NAME	JACKI L. RUIZ
STREET ADDRESS	25 NE 108 STREET	1.3 STREET ADDRESS	25 NE 108 St
CITY-ST-ZIP	MIAMI SHORES FL 33161	1.4 CITY-ST-ZIP	Miami Shores, FL 33161
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, LUIS F	2.2 NAME	LUIS F RUIZ
STREET ADDRESS	25 NE 108 STREET	2.3 STREET ADDRESS	25 NE 108 St
CITY-ST-ZIP	MIAMI SHORES FL 33161	2.4 CITY-ST-ZIP	Miami Shores, FL 33161
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL SOLAR, MARCELA B	3.2 NAME	Marcela B. Del Solar
STREET ADDRESS	25 NE 108 STREET	3.3 STREET ADDRESS	1880 S. Treasure Dr. #3B
CITY-ST-ZIP	MIAMI SHORES FL 33161	3.4 CITY-ST-ZIP	Miami, FL 33141
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Jacki L Ruiz* **JACKI L RUIZ** 11/7/97 305-751-0130

CR2E034 (10/97)