

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

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000080387 (8)

1. Corporation Name
AYMEE FOR KIDS, INC.



Principal Place of Business Mailing Address
8505 MILLS DR., STE. G-111 MIAMI FL 33183
8505 MILLS DR., STE. G-111 MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/16/1997**

4. FEI Number: **65-079165** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**MARTINEZ, VONNELL
8505 MILLS DR., STE. G-111
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, VONNELL	1.2 NAME	
STREET ADDRESS	15440 SW 82 LANE #501	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, AYMEE	2.2 NAME	ST MARTINEZ, AYMEE
STREET ADDRESS	15440 SW 82 LANE #501	2.3 STREET ADDRESS	15440 SW 82 lane #501
CITY-ST-ZIP	MIAMI FL 33193	2.4 CITY-ST-ZIP	MIAMI FL 33193
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VC Deisel Martinez
STREET ADDRESS		3.3 STREET ADDRESS	10704 SW 146 PL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D Ignacio F. Martinez
STREET ADDRESS		4.3 STREET ADDRESS	15440 SW 82 Lane #501
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33193
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	60000252620
STREET ADDRESS		5.3 STREET ADDRESS	-05/15/98--01108--045
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***8.75
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	60000252620
STREET ADDRESS		6.3 STREET ADDRESS	-05/15/98--01108--045
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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: *Aymee Martinez* 04/25/98 (305) 273-60-04

CR2E034 (10/97)