

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90205 015 ***150.00

DOCUMENT # P98000034050

1. Corporation Name
PLAY-N-SLEEP, INC.

Principal Place of Business
7435 W 19TH COURT
HIALEAH FL 33014

Mailing Address
7435 W 19TH COURT
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1998

4. FEI Number

65-0829023

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, MARTA
7435 W 19TH COURT
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD ☐ DELETE
NAME GONZALEZ, MARTA
STREET ADDRESS 4430 SW 207TH DRIVE
CITY-ST-ZIP MIAMI FL 33055

TITLE VD ☐ DELETE
NAME ESCAURIZA, ENRIQUE
STREET ADDRESS 10095 SW 142ND PLACE
CITY-ST-ZIP MIAMI FL 33186

TITLE SD ☒ DELETE
NAME CANALS, CARLOS H
STREET ADDRESS 118 E 5TH STREET
CITY-ST-ZIP HIALEAH FL 33010

TITLE TD ☐ DELETE
NAME GONZALEZ, ALI
STREET ADDRESS 531 SW 178 WAY
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ DELETE
NAME LEON, GUSTAVO
STREET ADDRESS 2828 SW 126TH AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE 5D ☐ Change ☒ Addition
3.2 NAME GONZALEZ, ALICIA
3.3 STREET ADDRESS 4430 SW 207 DRIVE
3.4 CITY-ST-ZIP MIAMI, FL 33055

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99
Date

905-824-1114
Daytime Phone #

CR2E034 (1/98)

0131/55