

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90012 039 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000056706 ✓
 Corporation Name

PARADISE KIDS DAYCARE AND LEARNING CENTER, INC.

Principal Place of Business
 10707 NW 1ST STREET
 PLANTATION FL 33324

Mailing Address
 10707 NW 1ST STREET
 PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/23/1998	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CINTRON, STEVEN 10707 NW 1ST STREET PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS ZIP	PD CINTRON, IRIS V 10707 NW 1ST STREET PLANTATION FL 33324 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	SD GONZALEZ, JORGE LUIS 10707 NW 1ST STREET PLANTATION FL 33324 <input type="checkbox"/> DELETE	1.2 NAME	
ADDRESS ZIP	TD CINTRON, STEVEN 10707 NW 1ST STREET PLANTATION FL 33324 <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven Cintron

8/28/99 (954) 476-4571

CR2E034 (5/99)