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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000090103	3
1, Corporation Name	, 00000000000	_

KIDDIE WORLD DAY CARE, CORP.

Principal Place of Business 6465 SW 30TH ST

Mailing Address

6465 SW 30TH ST



MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/22/1998 Applied For 4. FEI Number Principal Place of Business 2a. Mailing Address 65-08 7020 COLAL Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees MIAM Trust Fund Contribution 28 Country 8. This emporation owes the current year Intangible Zip ☐ Yes 25 USA 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent CARBALLEIRA, ELDA M Street Aildress (P.O. Bo:: Number is Not Acceptable) 82 6465 SW 30TH ST MIAMI FL 33155 83 Zip Code 84 City

11. Pursuant to the provisions of Suctions 607.050; and 607.1508, Florida Statutes, the above-named curporation 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 agen; and title if applicable	(NOTE. Re	gistered Agent signature req	ared when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITE	NS/CHANGES TO OFFI	CERS AND DIRECTOR	
TITLE		DELETE	1.1 TITLE			Change	Addition
NAME	CARBALLEIRA, ELDA M		1.2 NAME				J
STREET ADDRESS	6465 SW 30TH ST		1.3 STREET ADDRESS				}
CITY-ST-ZIP	MIAME FL 33155		14 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	CARBALLEIRA, ALBERTO		22 NAME				
STREET ADORESS	l dead and accept as		23 STREET ADDRESS				}
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP				
TITLE		DELETE	31 TITLE			☐ Change	☐ Addition
NAME			32 NAME				
STREET ADDRESS	}	'	33 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	41 TITLE			☐ Change	Addition
NAME			4.2 NAME				
STREET ADDRESS		·	4.3 STREET ADDRESS				
C/TY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
RAME	(ı	5.2 NAME				
STREET ADDRESS	ĺ		5.3 STREET ADORESS				
CITY-ST-ZIP			5.4 CITY- ST-ZIP		<u></u>		
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME !			6.2 NAME				1
STREET ADDRESS		'	6 3 STREET ADDRESS)
CODY ST COD			64 CITY-ST-ZIP				

I heret y 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 supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated on this annual report or supplier certify that the information indicated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07 (3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07 (3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07 (3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07 (3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07 (3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07 (3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07 (iii) indicated in S

SIGNATURE

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR