

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

FILED

**Mar 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S31123 (0)

1. Corporation Name

Las Americas Daycare Center, Inc.

Principal Place of Business

**910 S.W. 35th Avenue
Miami, FL 33135**

Mailing Address

**910 S.W. 35th Avenue
Miami, FL 33135**

3. Date Incorporated or Qualified
02/12/1991

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0251602

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**Maradiaga, Lesly
910 S.W. 35th Avenue
Miami, FL 33135**

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 agent, its 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, with full power, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE DELETE
P/V/T
11.2 NAME **Maradiaga, Lesly**
11.3 STREET ADDRESS **910 S.W. 35th Ave.**
11.4 CITY-ST-ZIP **Miami, FL 33135**

11.5 TITLE DELETE

11.6 TITLE DELETE

11.7 TITLE DELETE

11.8 TITLE DELETE

11.9 TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE Change Addition

13.2 NAME Change Addition

13.3 STREET ADDRESS Change Addition

13.4 CITY-ST-ZIP Change Addition

13.5 TITLE Change Addition

13.6 NAME Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information provided 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 Part 12 or Part 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D-4

Daytime Phone #

900002111049
-03/12/97--01011--051
*****165.00**

3/7/97

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CR2E034 (9/96)

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