FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S58079** **(2)**

1. Corporation Name

PRESCHOOL CORP.

Principal Place of Business
~~700 SW 99TH AVE~~
~~PEMBROKE PINES FL 33025~~

Mailing Address
~~700 SW 99TH AVE~~
~~PEMBROKE PINES FL 33025~~

3. Date Incorporated or Qualified: 06/01/1991
3a. Date of Last Report: 06/07/1995

2. Principal Place of Business
21 225 HOLIDAY DR.
Suite, Apt. #, etc.
22 —
City & State
23 HALLANDALE, FL.
Zip 24 33009 Country 25 U.S.A

2a. Mailing Address
26 P.O BOX 821810
Suite, Apt. #, etc.
27 —
City & State
28 SOUTH FLORIDA, FL.
Zip 29 33082 Country 30 U.S.A

4. FEI Number: 65-0269880 ☐ 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

SHEMESH, REBECA
~~700 SW 99TH AVE~~
~~PEMBROKE PINES FL 33025~~

10. Name and Address of New Registered Agent

81 Name: SHEMESH REBECA
82 Street Address (P.O. Box Number is Not Acceptable): 225 HOLIDAY DR.
83
84 City: HALLANDALE FL 85 Zip Code: 33009

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: Rebeca Shemesh V.P. DATE: 3/24/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDTS	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	SHEMESH, REBECA		12 NAME		
STREET ADDRESS	~~700 S.W. 99TH AVE.~~		13 STREET ADDRESS	225 HOLIDAY DR.	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~		14 CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	PD	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	SHEMESH, MOSHE		22 NAME		
STREET ADDRESS	~~700 SW 99TH AVE~~		23 STREET ADDRESS	225 HOLIDAY DR.	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~		24 CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet with an address.

SIGNATURE: MOSHE SHEMESH 3/24/96 305-829-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #