


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

FILED

May 08 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 # S67031 (2)			
1. Corporation Name KADIEKIDS, INC.			
Principal Place of Business 5848 S.W. 73RD ST. MIAMI FL 33143		Mailing Address 5848 S.W. 73RD ST. MIAMI FL 33143-5244 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
9. Name and Address of Current Registered Agent			
ROGERO, DAVID M. 801 BRICKELL AVE 24TH FLOOR MIAMI FL 33131			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
FL 85 Zip Code			

3. Date Incorporated or Qualified 07/15/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0274828	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

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: *Deborah H. Rogero* DATE: **4/28/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERO, DEBORAH H.	1.2 NAME	
STREET ADDRESS	5848 S.W. 73RD ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
1.5	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.6		2.2 NAME	
1.7		2.3 STREET ADDRESS	
1.8		2.4 CITY - ST - ZIP	
1.9	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.10		3.2 NAME	
1.11		3.3 STREET ADDRESS	
1.12		3.4 CITY - ST - ZIP	
1.13	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.14		4.2 NAME	
1.15		4.3 STREET ADDRESS	
1.16		4.4 CITY - ST - ZIP	
1.17	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.18		5.2 NAME	
1.19		5.3 STREET ADDRESS	
1.20		5.4 CITY - ST - ZIP	
1.21	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.22		6.2 NAME	
1.23		6.3 STREET ADDRESS	
1.24		6.4 CITY - ST - ZIP	

I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0197593

CR2E034 (9/96)