FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:58

DOCUMENT # **S76421** **(4)**

1. Corporation Name
BABY CLUB, INC.

Principal Place of Business	Mailing Address
6725 SW 21ST ST. MIAMI FL 33155 US	3520 SW 60 CT. MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26 6725 S.W. 21 ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MIAMI, FL.
Zip 24 / Country 25	Zip 29 33155 / Country 30 DADE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/28/1991	07/28/1994

4. FEI Number **65-0275079** ☐ 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	10. Name and Address of New Registered Agent
ACOSTA, MELBA **3520 SW 60TH CT.** **MIAMI FL 33155**	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 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 Melba Acosta
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	ACOSTA, MELBA	12 NAME	ACOSTA, MELBA
STREET ADDRESS	3165 WEST 4TH AVENUE	13 STREET ADDRESS	6725 S.W. 21 ST.
CITY-ST ZIP	HIALEAH FL	14 CITY-ST ZIP	MIAMI, FL. 33155
TITLE	SVD	21 TITLE	☑ Change ☐ Addition
NAME	ACOSTA, ROBERT	22 NAME	ACOSTA, ROBERT
STREET ADDRESS	3165 WEST 4TH AVENUE	23 STREET ADDRESS	6725 S.W. 21 ST.
CITY-ST ZIP	HIALEAH FL	24 CITY-ST ZIP	MIAMI, FL. 33155
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST ZIP		34 CITY-ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST ZIP		44 CITY-ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST ZIP		54 CITY-ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST ZIP		64 CITY-ST ZIP	

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 attachment with an address.

SIGNATURE: Melba Acosta 4/1/95 (305)661-7680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0168344 CP