

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY - 1 AM 8:35

DOCUMENT # **S80485** (3)
1. Corporation Name
MIAMI GARDENS INFANT AND PRESCHOOL CENTRE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
190 NE 191ST STREET **190 NE 191ST STREET**
BAY 9 **BAY 9**
MIAMI FL 33179 **MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/16/1991** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 Country 30

4. FEI Number **65-0290267** 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
6. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KATZ, RICK
190 NE 191 ST
MIAMI FL 33179

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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. Thereby I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME P FELNER, JAY 4770 TREE FERN DR DELRAY BCH FL	12.2 STREET ADDRESS CITY & STATE ZIP	13.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 NAME S KATZ, LAURIE 5293 NW 6TH CT DELRAY BCH FL	12.4 STREET ADDRESS CITY & STATE ZIP	13.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 NAME T ALEXANDER, CHERRI 5588 BARNSTEAD CIR LAKE WORTH FL	12.6 STREET ADDRESS CITY & STATE ZIP	13.3 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 NAME V KATZ, RICK 5293 NW 6TH CT DELRAY BCH FL	12.8 STREET ADDRESS CITY & STATE ZIP	13.4 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 NAME V ALEXANDER, MICHAEL 5588 BARNSTEAD CIR LAKE WORTH FL	12.10 STREET ADDRESS CITY & STATE ZIP	13.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.11 NAME	12.12 STREET ADDRESS CITY & STATE ZIP	13.6 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.13 NAME	12.14 STREET ADDRESS CITY & STATE ZIP	13.7 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 199.032, Florida Statutes. I further certify that the information included in this annual report or supplementary 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 organized to reorganize the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, and my affiliation with an address.

SIGNATURE: _____ **RICK KATZ** 4-27-95 305-651-9680
SIGNATURE AND TYPED FULL PRINT NAME OF BOARD OFFICER OR DIRECTOR