

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 29 1997 8:00am  
Secretary of State

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



Principal Place of Business

190 NE 191ST STREET  
BAY 9  
MIAMI FL 33179

Mailing Address

190 NE 191ST STREET  
BAY 9  
MIAMI FL 33179-3711

3. Date Incorporated or Qualified  
**09/16/1991**

3a. Date of Last Report  
**09/23/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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

8. This corporation has liability for intangible tax under s. 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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P FELNER, JAY**  
STREET ADDRESS **4770 TREE FERN DR**  
CITY-STATE-ZIP **DELRAY BCH FL**

TITLE ☐ DELETE  
NAME **KATZ, LAURIE**  
STREET ADDRESS **21918 PHELMONT COURT**  
CITY-STATE-ZIP **BOCA RATON FL 33428**

TITLE ☐ DELETE  
NAME **S ALEXANDER, CHERRI**  
STREET ADDRESS **5588 BARNSTEAD CIR**  
CITY-STATE-ZIP **LAKE WORTH FL 33463**

TITLE ☐ DELETE  
NAME **V KATZ, RICK**  
STREET ADDRESS **5293 NW 6TH CT**  
CITY-STATE-ZIP **DELRAY BCH FL**

TITLE ☐ DELETE  
NAME **V ALEXANDER, MICHAEL**  
STREET ADDRESS **5588 BARNSTEAD CIR**  
CITY-STATE-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 in an attachment with an address.

SIGNATURE *[Signature]*

CR2E034 (9/96)