SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL 25 AM 8:06

DOCUMENT # **V16451** (9)

1. Corporation Name
SASAME STREET CHILD CARE III CORP.

Principal Place of Business	Mailing Address
12572 SW 88 ST MIAMI FL 33186	12572 SW 88 ST MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0317652 ☐ 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

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

9. Name and Address of Current Registered Agent

SALINAS, SAHIRA
1526 MICHICAN AVE
APT 1
MIAMI BCH FL 33139

10. Name and Address of New Registered Agent

81 Name: Sahira Salinas
82 Street Address (P.O. Box Number is Not Acceptable): 12572 S.W. 88th Street
83
84 City: Miami **FL** 85 Zip Code: 33186

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] DATE: 7/12/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when revising)

12. OFFICERS AND DIRECTORS	13.	
TITLE: PD NAME: ~~SALINAS, GABRIEL~~ STREET ADDRESS: ~~12572 SW 88 ST~~ CITY-ST-ZIP: ~~MIAMI FL~~ X	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☒ Change ☐ Addition Pres. [illegible]., Treasurer, Director Sahira Salinas 12572 S.W. 88th Street, Miami, Fl. 33186
TITLE: SD NAME: SALINAS, SAHIRA STREET ADDRESS: 12572 SW 88 ST CITY-ST-ZIP: MIAMI FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☒ Change ☐ Addition Secretary Maria Salinas 12572 S.W. 88th Street Miami, Fl. 33186
TITLE: T NAME: ~~SALINAS, MARIN~~ STREET ADDRESS: ~~7725 N KENDALL DR APT A200~~ CITY-ST-ZIP: ~~MIAMI FL~~	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

14. I/We 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: [signature] 7/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065005 CP