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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Morthag

FILED

May 12 1998 8:00am

Secretary of State

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DIVISION OF CORPORE

1998 DOCUMENT #

STREET ADDRESS

(9)

SASAME STREET CHILD CARE III CORP.

1						
Principal Pla	ce of Q usiness	Mailing Address		I ODDIA BAYADA YYDYA DARIA DODDA DAADA	IARA OKRIA DURAK OPOKI OLOKA DIDIH BADUH KODU	
12609 SW 88 ST 12609 SW 88 ST 12609 SW 88 ST. MIAMI FL 33186					TE IN THIS SPACE	
				3. Date Incorporated or Qualified		
				02/24/1992		
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 12604		26 12604 SW	88 ST	65-0317652	Not Applicable	
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta 23 Mi Qr	ni, H·	City & State 28 MiOmi	, F1·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 3318	6 25 5 0 v	rida 29 33186	Country . 30 Poride		ne 30. 🚺 Yes 🗌 No	
9, Name and Address of Current Registered Agent				10. Name and Address of New F	10. Name and Address of New Registered Agent	
SALINAS, SATIRA SALINAS MARIA						
SALINAS, SATIRA 12572 SW BETH ST 12604 SW 88 ST. 87 Name 12604 SW 88 ST.				Address (P.O. Box Number is Not Accept	able)	
, APT 13 SW 88 ST.						
MI	AMI FL 33186	MIAMI, FL. 3318	6 83			
ſ			84 City		85 Zip Code	
44 Diversions	tothe provinces of Cott	000 007 0100 and 007 11 00 51-34- 000			FL T	
office or	registered agent, or both,	ons 607.0502 and 607.1508, Florida Statu in the State of Florida. Such change was all the philipalisms of, Section 607.0505, Fl	tes, the above-named authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its registered lept the appointment as registered	
		eph the phligations of, Section 607,0505, FI	orida Statutes.	•	2/26/20	
SIGNATURE	Signature, types or consider comme	Los ace bushing the color (NO)	It Registered Agent signature	required when rejectating)	2/25/7K	
12.		FIGURS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	PIO -F	Reasuren LineTE	1.1 TITLE	,	1 A 1 4 4 6 12	
NAME	SALINAS; SAHIRA	SALINAS, SAHIRA	1.2 NAME	SALINAS, SARIBA	VICE President	
STREET ADDRESS	1 2572 SW 88 S T	12604 SVI 8851 HIMMI [1. 33186	1.3 STREET ADDRESS	12604 SW 8857 MIAMI [1-3	1106 110-	
CITY-ST-ZIP	MIAMI FL 33186	MIAMI F1. 33186	1.4 CITY - ST - ZIP	MIAMI 11-3	3186	
TITLE	\$. DELETE	21 HTLE		Change Addition	
NAME	SALINAS, MARIA	PRESIDENT	2.2 NAME			
STREET ADDRESS	SW 88 ST	.,	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186	E Driftyr	2.4 CITY - S1 - ZIP			
TITLE NAME		☐ DELETE	3.1 TITLE		Change Addition	
STREET ADDRESS			3.2 NAME		i	
CITY-ST-ZIP			3.3 STREET ADDRESS			
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME			4.1 NAME		C Clarife C Addition	
STREET ADDRESS	į		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-S1- ZIP			
TITLE		DELETE	5.1 TIBLE		Change Addition	
NAME			5.2 NAME	1 MMMmmmm	- · -	
STREET ADDRESS			5.3 STREET ADDRESS	10000252 -05/15/98010	277651 104010	
CITY-ST-ZIP			54 CITY-ST-ZIP	***150.00	D104013	
TITLE		☐ DELETE	6.1 10TLE		Change Addition	
NAME			6.2 NAME		A	

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I 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 supplierierial 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 trusted improvered 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 affactorient with an address.