PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DiVISION OF CORPORATIONS

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90108 010 \*\*\*150.00

1. Corporation	MENT # V16451 STREET CHILD CARE III C	ORP.			
Principal Place	of Rusiness	Mailing Address		-}	<u> </u>
		•			
12604 SW 88 ST 12604					
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				02/24/1992	
Principal Place of Business     Address     Address		2a. Mailing Address		4. FEI Number	Applied For
		26		65-0317652	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	* \$8.75 Additional   Fee Required
22		27			
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	Trust Fund Contribution	
· ·	25	<u> </u>	SO COUNTY	<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>	Mangibye □No
24	9. Name and Address of Current		, , , , , , , , , , , , , , , , , , ,	10 Name and Address of New Registered	
	J	· · · · · · · · · · · · · · · · · · ·	81 Name		
SALI	NAS, MARIA		00 00 10 11	(D.O. D. Marker is New Assessmin)	
12604 SW 88 ST			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33186			83		
			84 City	· FI	85 Zip Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was aut ons of, Section 607.0505, Floric	horized by the corporation la Statutes.	oration submits this statement for the purpose on is board of directors. I hereby accept the appora	f changing its registered introduced introduced in the state of the st
	Signature, typed or printed name of registered agent		tegistered Agent signature required		
12.	OFFICERS AND	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  ☐ Change ☐ Addition
TITLE	CALINAC CALIDA	☐ DEFE15	1.1 TITLE		
NAME	SALINAS, SAHIRA		1.2 NAME		
STREET ADDRESS	12604 SW 88 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	!	□ vere∗e	2.1 TITLE		
NAME	SALINAS, MARIA		2.2 NAME		}
STREET ADDRESS	12604 SW 88 ST MIAMI FL 33186		2.3 STREET ADDRESS	The second secon	·
CITY-ST-ZIP	WIAMI FE 33100	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE NAME	SALINAS, <del>SALINAS</del> SARIBO		3.2 NAME		
	12604 SW 88 ST		3.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL 33186		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	MIPANI I E OO IOO	☐ DELETE	4.1 TITLE		Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 Stipplemental 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 fustee 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 attachptor with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

(305) 598-8059

Daytime Phone #