

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

DOCUMENT # V38112

(1)

95 MAY 16 PM 0:15

1. Corporation Name

MOMMY PLEASE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5600 SW 75TH AVENUE
MIAMI FL 33143**

Managing Address
**5600 SW 75TH AVENUE
MIAMI FL 33143**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified **05/20/1992** 3a. Date of Last Report **06/28/1994**

4. Fee Number **65-0339119** 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 notice of its obligations for which it is liable under Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent
**BRODIE, SIDNEY Z
7270 NW 12TH STREET
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0402 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0402, Florida Statutes.

SIGNATURE

(Signature of Agent, Agent or Principal Place of Business)

(Signature of New Agent, Agent or Principal Place of Business)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STREET ADDRESS CITY, ST, ZIP	PST BARRENECHEA, BEATRIZ 5600 SW 75TH AVENUE MIAMI FL	13.1 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.2 NAME STREET ADDRESS CITY, ST, ZIP	VD CAPO, CARMEN 5600 SW 75TH AVENUE MIAMI FL	13.2 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.3 NAME STREET ADDRESS CITY, ST, ZIP		13.3 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.4 NAME STREET ADDRESS CITY, ST, ZIP		13.4 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.5 NAME STREET ADDRESS CITY, ST, ZIP		13.5 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.6 NAME STREET ADDRESS CITY, ST, ZIP		13.6 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.7 NAME STREET ADDRESS CITY, ST, ZIP		13.7 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.8 NAME STREET ADDRESS CITY, ST, ZIP		13.8 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.9 NAME STREET ADDRESS CITY, ST, ZIP		13.9 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.10 NAME STREET ADDRESS CITY, ST, ZIP		13.10 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or an authorized officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. I am a director of this corporation with an address:

SIGNATURE:

[Handwritten Signature]

BEATRIZ BARRENECHEA 5/1/95 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6062-9131

0186226

CP