

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 PM 1:09

DOCUMENT # **V47316** (7)

1. Corporation Name  
**FOR ALL KIDS, CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~4650 PALM AVE~~  
~~HALEAH FL 33012~~

Mailing Address  
~~4650 PALM AVE~~  
~~HALEAH FL 33012~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/26/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0348943** 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 **4650 PALM AVE** 26 **4650 PALM AVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State  
**HALEAH FL** **HALEAH FL**

24 **33010** 25 **DADE** 29 **33010** 30 **DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARLETT, CARLOS ESTEBAN**  
**6885 W 7 AVE**  
**STE 707**  
**HALEAH FL 33014**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b>
NAME	<b>BARLETT, CARLOS E.</b>
STREET ADDRESS	<b>6885 W 7 AVE STE 707</b>
CITY - ST - ZIP	<b>HALEAH FL</b>
TITLE	<b>DST</b>
NAME	<b>LAZO, EVA ANGELA</b>
STREET ADDRESS	<del>6905 W 7 AVE #203</del>
CITY - ST - ZIP	<del>HALEAH FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>6905 W 7 AVE #203</b>
2.4 CITY - ST - ZIP	<b>HALEAH FL 33014</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CARLOS E BARLETT** *President* Date: **1-15-95** **305-823-8886**  
Signature and typed or printed name of signing officer or director