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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

THE SMALL DADDY, CORP.

FILED Mar 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7325 S.W. 8TH ST 7325 S.W. 8TH ST MIAMI FL 33144-4539 MIAMI FL 33144-4539 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0077657 Not Applicable 21 Suite. Apt. #. etc. Suite Ant #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name JOSE A. HERNANDEZ, JR. 5664 S. W. 2ND STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33134** 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE HERNANDEZ, JOSE A. JR. 1.2 NAME NAME 5664 S.W. 2ND STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ___ Change Addition 3.1 TITLE TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELFTE 4.1 TITLE Change Addition TELLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 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 gather 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, guth an attachment with a supplication of the corporation of the corp

SIGNATURE: