

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M28288

(2)

1. Corporation Name
ADDYS SMALL WORLD, INC.



Principal Place of Business

19311 NW 89 CT
MIAMI FL 33015
US

Mailing Address

19311 NW 89 CT
MIAMI FL 33015
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1986

4. FEI Number

59-2643831

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 8849 NW 194 Terr

Suite, Apt. #, etc.

22 MIAMI, FL

City & State

23 33018

Zip

Country

25 USA

2a. Mailing Address

26 8849 NW 194 Terr

Suite, Apt. #, etc.

27 MIAMI, FL

City & State

28 33018

Zip

Country

30 USA

9. Name and Address of Current Registered Agent

STEWART, ADDYS
6861 W 14TH CT
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name ADA MARTINEZ

82 Street Address (P.O. Box Number is Not Acceptable)

8849 NW 194 Terr.

83 MIAMI

84 City

FL

85 Zip Code

33018

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 ADA MARTINEZ VSTD

Signature, typed or printed name of registered agent and title if applicable

Ada Martinez

(NOTE: Registered Agent signature required when reinstating)

08/25/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME ORTIZ, ADDYS

STREET ADDRESS 6861 W 14TH CT

CITY-ST-ZIP HIALEAH FL

☐ DELETE

TITLE VSTD

NAME MARTINEZ, ADA

STREET ADDRESS 6861 W 14TH CT

CITY-ST-ZIP HIALEAH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD STEWART, ADDYS

19311 N.W. 89 CT

MIAMI FL 33018 USA

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VSTD

MARTINEZ ADA

8849 N.W. 194 Terr.

MIAMI, FL 33018

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

70000263197

-09/04/98--01047--005

***150.00

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

86
9.3

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ADA MARTINEZ 08/25/98 (SOS) 829010

CR2E034 (5/98)