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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000045681 (8)

1. Corporation Name

AM AND T WORLDWIDE CORPORATION

Principal Place of Business

Mailing Address

10010 N.W. 7TH AVENUE
NORWOOD FL 33060

POST OFFICE BOX 540011
OPA-LOCKA FL 33054

384 OPA-LOCKA BLVD

OPA-LOCKA, FL 33054.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

650793992

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

21 384 OPA-LOCKA BLVD

Suite, Apt. #, etc.

22

City & State

23 OPA-LOCKA, FL

Zip

24 33054

Country

25 DADE

26

Suite, Apt. #, etc.

27

City & State

28 OPA-LOCKA, FL

Zip

29 33054

Country

30 DADE

31

Suite, Apt. #, etc.

32

City & State

33 OPA-LOCKA, FL

Zip

34 33054

Country

35 DADE

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Suite, Apt. #, etc.

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City & State

38 OPA-LOCKA, FL

Zip

39 33054

Country

40 DADE

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Suite, Apt. #, etc.

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City & State

43 OPA-LOCKA, FL

Zip

44 33054

Country

45 DADE

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Suite, Apt. #, etc.

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City & State

48 OPA-LOCKA, FL

Zip

49 33054

Country

50 DADE

9. Name and Address of Current Registered Agent

MARTINS, OLUWATOYUB A

10010 N.W. 7TH AVENUE

NORWOOD FL 33060

384 OPA-LOCKA

BLVD.

OPA-LOCKA, FL

33054

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARTINS, OLUWATOYIN A
STREET ADDRESS 10010 N.W. 7TH AVENUE
CITY-ST-ZIP NORWOOD FL 33060
384 OPA-LOCKA BLVD, OPA-LOCKA FL, 33054.

TITLE
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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

11/11/98

04 28 1998 (305) 685 5470

CR2E034 (10/97)