

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000068164

1. Corporation Name

ODY'S ANTIQUES AND COLLECTIBLES, INC.

Principal Place of Business 520 BILTMORE WAY CORAL GABLES, FL 33134	Mailing Address 520 BILTMORE WAY CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
AUGUST 7, 1997

4. FEL Number  
65-0773524

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 10101 S.W. 58TH ST. 2a. Mailing Address  
2a 10101 S.W. 58TH ST.

Suite, Apt. #, etc. Suite, Apt. #, etc.

23 City & State  
MIAMI, FLORIDA 2b City & State  
MIAMI, FLORIDA

24 Zip 25 Country 26 33173 27 33173 28 33173 29 33173 30 Country

9. Name and Address of Current Registered Agent

ODILIA ANDRADE  
520 BILTMORE WAY  
CORAL GABLES, FLORIDA 33134

10. Name and Address of New Registered Agent

81 Name  
ODILIA ANDRADE  
82 Street Address (P.O. Box Number Is Not Acceptable)  
10101 S.W. 58TH STREET  
83  
84 City  
MIAMI FL 85 Zip Code  
33173

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

*Odilia Andrade*

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

(NOTE: Registered Agent signature required when reinstating)

8/11/98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ODILIA ANDRADE 520 BILTMORE WAY CORAL GABLES, FL 33134	<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PSD ODILIA ANDRADE 10101 S.W. 58TH STREET MIAMI, FLORIDA 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	--

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Odilia Andrade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/98

Date

305.662.1918

Daytime Phone #

CR2E034 (10/97)

2012

August 10, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Ody's Antiques and Collectibles, Inc.**  
**Document No. P97000068164**

Sir/Madam:

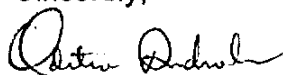
Enclosed please find the 1998 Profit Corporation Annual Report for Ody's Antiques and Collectibles, Inc. and a check in the amount of \$150 for processing the annual report.

Please be advised that I am aware that my annual report is being filed considerably late and as a result has incurred a late payment/filing fee. Please note that the previous mailing address for the corporation was my husband's office address, however, we are in the process of divorcing and it appears to me that he has purposely failed to prepare and file my annual report in a timely manner.

Due to the aforementioned circumstances I request that you waive any late payment/filing fee and process the enclosed annual report.

Should you have any questions or require any additional information, please do not hesitate to contact me.

Sincerely,



Odilia Andrade  
10101 S.W. 58<sup>th</sup> Street  
Miami, Florida 33173