Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90100 013 ***150.00

DOCUMENT # P98000099919

A SMALL WORLD SCHOOL, INC.

Principal Place of Business 15500 SW 85TH AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

MIAMI FL 33157

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

15500 SW 85TH AVENUE MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

65-0885396

11/30/1998

4. FEI Number

City & Stat	le	City & State				6. Election Campaign Fi	nancing 📋	\$5.00	May Be
23		28				Trust Fund Contribution	on 🗆	Added to	Fees
Zip	Country	Zip	, C	ountry		8. This corporation owes	the current year		./
24	25	29	30			Personal Property Tax			□No
	9. Name and Address of Current I	81		10. Name and Address	of New Registere	d Agent			
DONLON, ROBERT M 222 LAKEVIEW AVE., SUITE 210					Name //	ivianne	Kissar	. ~	
					Street Addres	ss (P.O. Box Number is No	t Acceptable)		
WEST PALM BEACH FL 33401					1550	00 SW 85av	<u>e Mia</u>	(m)	
ME21 LYTW DEVOU LT 22401									
				84	City 01	•		. 85 Zip C	ode
					- 1110	ami	F	L 33	157
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									
	im familiar with, and accept the obligatio					13 coard of aircolors. There			jiotorou
SIGNATURE					3-6-	99			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.				13.		ADDITIONS/CHANGES	S TO OFFICERS	AND DIRECTOR	Addition
	D INCOME ANGANIE							□ Change	□ Addition
	KISSANE, VIVIANE			NAME					
	15500 SW 85TH AVENUE				ADDRESS				
-	MIAMI FL 33157	Пп		CITY-ST TITLE	-ZIP			☐ Change	Addition
TITLE								Citalige	L) Accounts
NAME				NAME					1
STREET ADDRESS					ADDRESS	· ·	-		
CITY-ST-ZIP TITLE		□ Di		CITY-ST	1-ZIP		·	Change	Addition
NAME				NAME				_ onengo	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S1					
TITLE				TITLE	1-ZIP		····	Change	Addition
NAME				NAME				_ •	_
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-ST					
TITLE		☐ D€		TITLE				Change	☐ Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET.	ADDRESS				
CITY-ST-ZIP			5.4	CITY-ST	- ZIP				
TITLE		□ DE	LETE 6.1	TITLE				Change	☐ Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET	ADDRESS				1
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-99

305 2520220

Daytime Pho

32E034 (11/98)