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FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S59417** (3)  
1. Corporation Name  
**SMALL WORLD CHRISTIAN DAYCARE AND PRE-SCHOOL, CO  
RP.**

Principal Place of Business  
**7100 SW 16 ST.  
MIAMI FL 33155**

Mailing Address  
**7100 SW 16 ST.  
MIAMI FL 33155-1577**



3. Date Incorporated or Qualified **06/13/1991** 3a. Date of Last Report **06/18/1996**

4. FEI Number **65-0354766** 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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REYES, NORIDA  
8035 NW 174TH STREET  
MIAMI FL 33015**

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

*Norida Reyes* **Norida Reyes**

**2-11-97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **REYES, NORIDA**  
STREET ADDRESS **8035 N.W. 174TH ST.**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **REYES, JOSE L.**  
STREET ADDRESS **8035 N.W. 174TH ST.**  
CITY-ST-ZIP **MIAMI FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for 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: *Norida Reyes* **Norida Reyes** **2-11-97** **267-2392**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)