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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S59417

(3)

SMALL WORLD CHRISTIAN DAYCARE AND PRE-SCHOOL, CO

Principal Place of Business

Mailing Address

7100 SW 16 ST. MIAMI FL 33155 7100 SW 16 ST.

FILED Feb 04 1998 8:00am Secretary of State



MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 7100 6.W. lb 6t. 7100 S.W. 16 St 65-0354766 Not Applicable Suite Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing FL Trust Fund Contribution 28 Added to Fees Country Zip Country Zio 8. This corporation owes or has paid the current year Intangible U.S.A. U.S.A. Yes Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REYES, NORIDA **8035 NW 174TH STREET** Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33015 83 84 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. NORI DA SIGNATURE OFFICERS AND DIRECTORS DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 TITLE DELETE 1.1 TITLE Change Addition NAME REYES, NORIDA 1.2 NAME 8035 N.W. 174TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE REYES, JOSE L. NAME 2.2 NAME STREET ADDRESS 8035 N.W. 174TH ST. 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS S.4. CITY-ST-ZIP CITY - ST - ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not quality 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: 丛

267-2392

CR2E034 (10/97