

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90036 037 ***150.00

DOCUMENT # P98000050516

1. Corporation Name

508 EAST 49TH STREET, INC.



Principal Place of Business

Mailing Address

~~508 EAST 49TH STREET~~
HIALEAH FL 33013

~~508 EAST 49TH STREET~~
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1998

4. FEI Number

65-0855832

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 620 East 49 St.

26 620 East 49 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Hialeah FL

28 Hialeah FL

24 Zip 33013 Country

29 Zip 33013 Country

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAIGO, THOMAS A

~~508 EAST 49TH STREET~~
HIALEAH FL 33013

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
620 East 49 St.

83

84 City Hialeah

FL

85 Zip Code 33013

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME DICALVO, AL
STREET ADDRESS 508 EAST 49TH STREET
CITY-ST-ZIP HIALEAH FL 33013

TITLE D ☐ DELETE

NAME PAIGO, THOMAS A
STREET ADDRESS 508 EAST 49TH STREET
CITY-ST-ZIP HIALEAH FL 33013

TITLE D ☐ DELETE

NAME MONTES, JUAN C
STREET ADDRESS 508 EAST 49TH STREET
CITY-ST-ZIP HIALEAH FL 33013

TITLE D ☐ DELETE

NAME GONZALEZ, NEIL
STREET ADDRESS 508 EAST 49TH STREET
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)