

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90036 037 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000050516

1. Corporation Name
508 EAST 49TH STREET, INC.



Principal Place of Business
~~508 EAST 49TH STREET~~
 HIALEAH FL 33013

Mailing Address
~~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

2. Principal Place of Business
620 East 49 St.

2a. Mailing Address
620 East 49 St.

23. City & State
Hialeah FL

28. City & State
Hialeah FL

24. Zip
33013

29. Zip
33013

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

PAIGO, THOMAS A
~~508 EAST 49TH STREET~~
 HIALEAH FL 33013

10. Name and Address of New Registered Agent

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 | <input type="checkbox"/> DELETE |
| NAME | DICALVO, AL | |
| STREET ADDRESS | 508 EAST 49TH STREET | |
| CITY-ST-ZIP | HIALEAH FL 33013 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PAIGO, THOMAS A | |
| STREET ADDRESS | 508 EAST 49TH STREET | |
| CITY-ST-ZIP | HIALEAH FL 33013 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MONTES, JUAN C | |
| STREET ADDRESS | 508 EAST 49TH STREET | |
| CITY-ST-ZIP | HIALEAH FL 33013 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GONZALEZ, NEIL | |
| STREET ADDRESS | 508 EAST 49TH STREET | |
| CITY-ST-ZIP | HIALEAH FL 33013 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------|--|
| 1.1 TITLE | PK/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 620 East 49 St. | |
| 1.4 CITY-ST-ZIP | Hialeah, FL 33013 | |
| 2.1 TITLE | VIT/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 620 East 49 St. | |
| 2.4 CITY-ST-ZIP | Hialeah, FL 33013 | |
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 620 East 49 St. | |
| 3.4 CITY-ST-ZIP | Hialeah, FL 33013 | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 620 East 49 St. | |
| 4.4 CITY-ST-ZIP | Hialeah, FL 33013 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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]* **AL DICALVO** 4/26/99 (305) 769-1700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)