

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 725558

1. Corporation Name

580 BUILDING CORPORATION, INC.

Principal Place of Business

580 BUILDING CORPORATION, INC.
580 NE 127 STREET
NORTH MIAMI FL 33161

Mailing Address

P O BOX 661554
MIAMI SPRINGS FL 33266
US

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90105 009 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/15/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

59-1535009

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRALEY, STEPHEN J P.A.
3990 SHERIDAN STREET
SUITE 109
HOLLYWOOD FL 33021

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 617.0502 and 617.1508, 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 617.0503, 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 DVP ☒ DELETE
NAME O'NEILL, LEONARD P
STREET ADDRESS 1045 NE 85TH ST
CITY-ST-ZIP MIAMI SHORES FL

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME HERIBERTO LEON
1.3 STREET ADDRESS 1820 HIBISCUS DRIVE
1.4 CITY-ST-ZIP NO. MIAMI FL 33181

TITLE DP ☒ DELETE
NAME DIEPPAS, CELIA
STREET ADDRESS 580 NE 127TH STREET #45
CITY-ST-ZIP NORTH MIAMI FL 33161

2.1 TITLE DVP ☐ Change ☒ Addition
2.2 NAME EDUARDO M IBARRA
2.3 STREET ADDRESS 15012 NW 7TH AVENUE
2.4 CITY-ST-ZIP MIAMI FL 33168

TITLE STD ☒ DELETE
NAME GHANIWALA, WAHID
STREET ADDRESS 1850 SW 81ST TERRACE
CITY-ST-ZIP DAVIE FL 33324

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME CORLEY, CLYDE
STREET ADDRESS 3712 SW 68TH WAY
CITY-ST-ZIP MIRAMAR FL 33023

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

593-2225

Daytime Phone #

CR2E037 (1/98)