

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

DOCUMENT # P94000061928

1. Corporation Name

PATERNO INVESTMENTS, INC.

Principal Place of Business

1055 NORTHEAST 125 STREET
NORTH MIAMI FL 33161

Mailing Address

1055 NORTHEAST 125 STREET
NORTH MIAMI FL 33161

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90022 001 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1994

4. FEI Number

65-0516465

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

2. Principal Place of Business

21 901 NE 125 ST

Suite, Apt. #, etc.

22 Suite 105

City & State

23 N. MIAMI FL

Zip Country

24 33161

25

2a. Mailing Address

26 901 NE 125 ST

Suite, Apt. #, etc.

27 Suite 105

City & State

28 N. MIAMI FL

Zip Country

29 33161

30

9. Name and Address of Current Registered Agent

PATERNO, THOMAS
1055 NE 125 STREET
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name PATERNO, Thomas

82 Street Address (P.O. Box Number is Not Acceptable)
901 NE 125 ST

83

84 City N. MIAMI

FL

85 Zip Code 33161

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 Thomas Paterno

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

(NOTE: Registered Agent signature required when reinstating)

4-5-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PATERNO, THOMAS
STREET ADDRESS 1055 NORTHEAST 125 STREET
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE TD ☐ DELETE

NAME PETRUZZELLI, JOSEPH
STREET ADDRESS 1055 NE 125 ST
CITY-ST-ZIP NORTH MIAMI FL

TITLE SD ☐ DELETE

NAME MARANA, DEBRA
STREET ADDRESS 1055 NE-125 ST
CITY-ST-ZIP NORTH MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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] SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

Date

305-893-3355

Daytime Phone #

CR2E034 (1/1/98)