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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046407 (9)

49TH STREET ASSOCIATES, INC.

Principal Place of Business 1840 WEST 49TH STREET STE 226 Mailing Address

1840 WEST 49TH STREET STE 226

FILED Jan 23 1998 8:00am Secretary of State



HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0602940 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 30 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 KHAN, PERVEZ 1840 WEST 49TH STREET STE 226 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 City 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. 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1 1 TITLE KHAN, PERVEZ 1.2 NAME NAME 13222 SW 52ND TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33175 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE Change SHAH, SYED NAME 2.2 NAME 5451 WEST 9TH LANE 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIF 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE AWAN, RAUF 3.2 NAME NAME 13225 SW 53RD STREET 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4,1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 52 NAME STREET ADDRESS 5 3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 one an attacoment with an address.

6 4 CITY - ST- ZIP

SIGNATURE:

CITY - ST - ZIP

BEOUVERNEZ KHAW 1.8.98

CR2E034 (10/97