

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 # P98000017352

1. Corporation Name  
PAULNIK CORP.

Principal Place of Business

238 MINORCA AVENUE  
CORAL GABLES FL 33134

Mailing Address

238 MINORCA AVENUE  
CORAL GABLES FL 33134

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90163 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

65-0814529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

MICHAEL SCHWARTZ CPA

82 Street Address (P.O. Box Number is Not Acceptable)

2435 Hollywood Blvd STE 204

83

84 City

Hollywood

FL

85 Zip Code

33020

2. Principal Place of Business

21 3138 Commodore Plaza

Suite, Apt. #, etc.

22 Ste 4

City & State

23 COCONUT GROVE, FL

Zip

24 33133

Country

25 USA

2a. Mailing Address

26 3159 INDIANA ST

Suite, Apt. #, etc.

27

City & State

28 COCONUT GROVE, FL

Zip

29 33133

Country

30 USA

9. Name and Address of Current Registered Agent

RUBIN, ANDREW S  
18425 N.W. 2ND AVENUE  
SUITE 305  
MIAMI FL 33169

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]*

MICHAEL A. SCHWARTZ CPA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BETHEL, PAULETTE  
STREET ADDRESS 238 MINORCA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

PRESIDENT

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3159 INDIANA ST  
COCONUT GROVE, FL 33133

2.1 TITLE

VICE PRESIDENT

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

NICOLAZ PIKULA  
3226 MARY ST. APT 11  
COCONUT GROVE, FL 33133

3.1 TITLE

TREASURER

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

JUDY FISH  
3159 INDIANA ST  
COCONUT GROVE, FL 33133

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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]* JUDY ANNE PISH, TREASURER 2/2/99 305-567914.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)