FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 26 AM 9:51

DOCUMENT # 583543 (4)

1. Corporation Name
VINNIE CERAMIC TILE & MARBLE, INC.

Principal Place of Business	Mailing Address
3700 NORTH 29TH AVE HOLLYWOOD FL 33020 US	3700 NORTH 29TH AVE HOLLYWOOD FL 33020 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1978
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-1842491 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SALEMI, LUCIA 4617 GARFIELD STREET HOLLYWOOD FL 33021	81 Name: LUCIA D'AGOSTINO 82 Street Address (P.O. Box Number is Not Acceptable): SAME 83 84 City: FL 85 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: Lucia D'Agostino DATE: 6/20/95
(Signature, Registered Agent) NOTE: Registered Agent signature required when reinstating

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	SALEMI, FRANK	12 NAME	
STREET ADDRESS	3700 NORTH 29TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SALEMI, SEBASTIAN	22 NAME	
STREET ADDRESS	4617 GARFIELD ST.	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SALEMI, LUCIA	32 NAME	
STREET ADDRESS	4617 GARFIELD STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	SALEMI, NUNZIA	42 NAME	
STREET ADDRESS	4617 GARFIELD ST.	43 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	44 CITY-ST-ZIP	
TITLE	TV	51 TITLE	☐ Change ☐ Addition
NAME	SALEMI, MARCO	52 NAME	
STREET ADDRESS	3700 NORTH 29TH AVE	53 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	54 CITY-ST-ZIP	
TITLE	TV	61 TITLE	☐ Change ☐ Addition
NAME	MANGIAFICO, COREADO	62 NAME	
STREET ADDRESS	3700 NORTH 29TH AVE	63 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Lucia D'Agostino 5/17/95 9201828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date