

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

5 MAY - 1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 673497

(4)

1. Corporation Name

CARRARA MARBLE IMPORTS, INC.

Principal Place of Business

Mailing Address

5502 ANDERSON RD
TAMPA FL 33614

5502 ANDERSON RD
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1980

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2024954

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 § 199.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLAZZA, MARIO L
5502 ANDERSON ROAD
TAMPA, FL
33614

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 607.06(1) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 provisions of Section 607.06(1) Florida Statutes.

SIGNATURE

Print Name of Registered Agent (Required for all filings)

Print Name of Registered Agent (Required for all filings)

AT

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. NAME	DPS
2. NAME	PLAZZA, MARIO L
3. STREET ADDRESS	5502 ANDERSON RD
4. CITY & STATE	TAMPA, FL 33614
5. ZIP	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. ZIP	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information is included on the annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a director or officer of the corporation or the registered agent of the corporation and that my signature is required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing. I am not a director or officer of the corporation.

SIGNATURE:

Mario L. Plaza Mario L. Plaza 5/1/95 (813) 884-2382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR