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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE

J78435

HALIA	AN TILE & MARBLE DISTRI	B5 (1) BUTORS, INC.			
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
4398 NW 31ST AVE. OAKLAND PARK FL 33309		4398 NW 31ST AVE. OAKLAND PARK FL 3,309			
				3. Date Incorporated or Qualified 3a. Date of Last Report 06/18/1987 03/17/1995	
	lace of Business	2a. Mailing Address		4. FEI Number Applied F	
Suite, Apt	# pto	26 Suite Act 4 ate		59-2823282 Not Appli	
	<i>",</i> 0.0.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition	
City & State	e	City & State		6. Election Campaign Financing \$5.00 May 8	
<u>L</u>		28		Trust Fund Contribution Added to Fees	
<i>2</i> ip	Country 25	Zip	Country	8. This corporation has liability for intangible tax under s 199.032	
1	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent	
			81 Name	to, reality and Address of New Registered Agent	
SPADA	VECCHIA, JOHN		B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
	W 31 AVE			areas (
OAKLAI	ND PARK FL 33309		83		
			84 City	85 Zip Code	
1. Pursuant t	to the provisions of Sections 607 050	12 and 607 1508 Florida Statu	too the shows named saves	FL	
or register	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	rida. Such change was authori	zed by the corporation's boa	oration submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered agent. I.	
10.11.11.01.1111	ich, and dooopt the obligations of, oec	Alon oo looga fionda Statute			
IGNATURE		,	0.		
	Signature, typed or printed name of registered ager	nt and title if applicable (N	OTE: Registered Agent signature require		
2.	OFFICERS AN	ni and tile if applicable (N ND DIRECTORS	OTE: Registered Agent signature requin	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
2. ILE	OFFICERS AN	nt and title if applicable (N	OTE: Registered Agent signature requine 13. 1.1 THLE	ried when reinstaling) DATE	
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