

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE 2/1 OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000057187 (5)
1. Corporation Name

THE THREE STONES OF SOUTH FLORIDA, INC.

Principal Place of Business

10155 COLLINS AVE
APT 1408
BAL HARBOUR FL 33154

Mailing Address

10155 COLLINS AVE
APT 1408
BAL HARBOUR FL 33154

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/16/1993		3a. Date of Last Report 05/02/1995	
21		26		4. FEI Number 65-0431933		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	200002043542--8 -01/07/97--01182--0001
84	City ****383.75 FL ****383.75

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.

VALDES-FAULI CORPORATE SERVICES, INC.

SIGNATURE

Michael V. Mitrione

Michael V. Mitrione, Vice President 12/30/96

NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SILVERSTONE, SANDRA	1.2 NAME	
STREET ADDRESS	2 WESTMOUNT SQUARE APT 1503	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL CANADA H3Z 2S4	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SILVERSTONE, STANLEY	2.2 NAME	
STREET ADDRESS	2 WESTMOUNT SQUARE APT 1503	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL CANADA H3Z 2S4	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

12/25/96

CR2E034 (3/96)