

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

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AND
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95 APR 21 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000072751 (9)

1. Corporation Name

TANYA TILE & MARBLE, INC.

Principal Place of Business

616 ATLANTIC SHORES BLVD
SUITE 8
HALLANDALE FL 33009

Mailing Address

329 NE 1ST ST
1ST ST
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or qualified

10/20/1993

3b. Date of last report

04/29/1994

4. FEI Number

65-0443570

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. 109.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 308 NE 1ST STREET

2a. Mailing Address

26 308 NE 1ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

HALLANDALE FL

City & State

HALLANDALE FL

23

28

Zip

Country

33009 US

25

US

Zip

Country

33009 US

29

US

9. Name and Address of Current Registered Agent

MAHON, TIMOTHY K
2020 E COMMERCIAL BLVD
PENTHOUSE E
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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 607.0502 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COCCO, GINO
STREET ADDRESS 329 NE 1ST ST 308 NE 1ST STREET
CITY - ST - ZIP HALLANDALE FL

TITLE VD
NAME VILLANDRE, CHANTAL
STREET ADDRESS 329 NE 1ST ST 308 NE 1ST STREET
CITY - ST - ZIP HALLANDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 308 NE 1ST ST
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 308 NE 1ST STREET
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE:

GINO COCCO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25/95 (305) 458-8066
Date Daytime Phone #