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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P94000001543 (5)

VAZQUEZ TILE, MARBLE & STONE, INC.

Principal Place of Business Mailing Address 146 MARK-DAVID BLVD. 146 MARK-DAVID BLVD.									
146 MARK-DAVID BLVD. CASSELBERRY FL 32707 CASSELBERRY FL 32707									
						3. Date incorporated or Qualified 01/01/1994	3a. Date	of Last F 05/01/1	
Principal Place of Business 2a. Mailing Address									Applied For
i.	0 01 2001000	26							Not Applicable
Suite, Apt. #,	etc.	— — · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip 29	30	ountry	/	8. This corporation has liability for Florida Statutes X Yes	intangible ta	x under s	s 199.032,
25 29 39 Name and Address of Current Registered Agent				1		10. Name and Address of New F		Agent	
	9, Halle and Addition of the			81	Name				
VAZQUEZ, CARLOS L					Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		
146 MARK-DAVID BLVD.					Oli CCI / IGG	000 (
CASSELBERRY FL 32707				83					
•				64	City		FL	85 4	Zip Code
or rogictoro	diagonal or both in the state of h	ionda, such chance was au	BIOHZOU DY UT	bove- e corp	named corpor poration's boar	ration submits this statement for the puriod of directors. I hereby accept the app	rpose of criticinations	anging its registere	s registered onli ed agent. I am
familiar with	n, and accept the obligations of, S	ection 607.0505, Florida Sta	itutes.						
SIGNATURE	ignature, typed or printed name of registered a	and and the Kanakahka	(NOTE: Banisto	red Ane	ant signature require	d when reinstating	DATE		
12.		AND DIRECTORS	1;			ADDITIONS/CHANGES TO OF			
TITLE	Р	DELETE	1.	1 TITLE				Change	Addition
NAME	VAZQUEZ, CARLOS L		1.3	2 NAME					
STREET ADDRESS	146 MARK DAVID BLVD		1.3	3 STREE	T ADDRESS				
CI1Y-S1-ZIP	CASSELBERRY FL			4 CITY-	ST-ZIP				- Pro Addition
TITLE		DELETH	2	1 THILE				☐ Change	e 🔲 Addition
NAME			2	2 NAME					
STREET ADDRESS			2.	3 STREE	ET ADDRESS				
CITY-ST-ZIP					ST-ZIP			Chang	e 🗍 Additio
TITLE		☐ DELET		1 1/11/2				L.J. Ollang	, D 1.00x.0
NAME				2 NAME	Ì				
STREET ADDRESS					ET ADDRESS				
CITY-ST-7IP		□ DELET		4 CITY- 1 TITLE	-S1-ZIP			Chang	e 🔲 Addition
TITLE					ì				
NAME			1	2 NAME					
STREET ADORESS					ET ADDRESS				
CITY-ST-ZIP			4	4 CHY	- ST - ZIP			Chann	e

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 of 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 attackment with an address.

5 1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

5 4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - S1 - ZIP

☐ Change

Change

Addition

☐ Addition