PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90017 026 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000048890 1. Corporation Name

ROLANDO MARBLE & TILE, CORP.

Principal Place	of Business	Mailing Address			•			
925 CODADAD	STREET	925 CODADAD STREET						
OPA LOCKA FL		OPA LOCKA FL 33054			DO NOT WRITE IN THIS S	PACE		
		•			3. Date Incorporated or Qualifed			
		*			06/29/1994	V •		
		T = 12 to 11 to 1			4. FEI Number	Ani	olied For	
2. Principal Pl	ace of Business	2a. Mailing Address			65-0501768	<u> </u>	Applicable	
21		26	 	 .	03-0301700	\$8.75 A		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re		
22	A Company of the Comp	. 27				\$5.00		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Added to		
23		28	Cour					
Zip	Country	Zip		itry	This corporation owes the current year Inta Personal Property Tax.	Yes	□No	
24	. 25	<u></u>	30		10. Name and Address of New Registered A			
<u> </u>	9. Name and Address of Current	Registered Agent		81 Name	To. Name and Address S. 1151 153	:		
DOM	HNOLIET BOLANDO A	and the second of the second o	Ì	Name		+ 1		
	INGUEZ, ROLANDO A		Ī	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	mber is Not Acceptable)		
	CODADAD STREET		ļ		The second secon	narawa a . Kata in a ka	3 13 131	
OPA	LOCKA FL 33054		i	83		3-) [4		
		· .*	ŀ	84 City		85 Zip (Code	
		•			<u> </u>	لئل		
		1 000 4500 EL 11 Ot-64			arnoration cubmits this statement for the DUIDOSE Of C	changing its	registered	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	es, the at	ove-named co	office's board of directors. I hereby accept the appoint	tment as re	gistered	
					orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	tment as re	gistered	
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation				ation's board of directors. I hereby accept the appoin	tment as re	gistered	
	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statu	tes.	surred when reinstating) . DATE			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS