## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P94000079701 (6) DOCUMENT # 1. Corporation Name

GRACE STONE CORPIL

May 13, 1999 8:00 am Secretary of State 05-13-1999 90016 005 \*\*\*150.00

O KILOZ	· ·		
Principal Place of Business	Mailing Address		
2594 ALI-BABA AL	VE P.O. BOX S Y OPA LICKA		DO NOT WRITE IN THIS SPACE
OPA LOCKA, FL. 3305	7 UPA LICAN	, 22. 0003	3. Date incorporated or Quantieu
			10/31/1994
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26 7925 SHA Suite, Apt. #, etc.	LIMAR ST	. 65-0764457V Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		E Cortificato of Status Dasirod III
22	27		Fee Required
City & State	City & State	71	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zi. Country	28 MiRAMAR Zip 29 33023-2429 3	Country	This corporation owes or has paid the current year Intaggible
	3303-2429	JUSA	Personal Property Tax due June 30  Yes  No
24 25 Name and Address of	f Current Registered Agent	1	10. Name and Address of New Registered Agent
		81 Name	
VAN VALKENBUR 7925 SHALIMAR	G. LEON PID		(DO D. N. barri Net Assessable)
7975 SHALLAGE	· 57.	82 Street A	ddress (P.O. Box Number is Not Acceptable)
7/25 01/12/4/16	na 22223-2429	83	
7925 SHALIMAR MIRAMAR, FLORIS	UN 33023 C C.		
/		84 City	FL 85 Zip Code
11 Pursuant to the provisions of Sections	607 0x02 and 607 1508 Florida Statutes	the above-named of	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or registered agent, or both,	he State of Florida. Such change was au	thorized by the corp	pration's board of directors. I hereby accept the appointment as registered
agent. I am tamba with, and accept the	be obligations of, Section 607.0505, Flori	da Siaiules • • · · · · · · · · · · · · · · · · · ·	UENAURC DRIS 4/23/99
SIGNATURE Signature, typed or printing rathe of roa	stero agent and title if applicable (NOTE.	Registered Agent signature	KENBURG PRES · 4/23/99 equired when reinstating)*  DATE
12. OFFIC	ERS AND DIRECTORS	13.	. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	DELETE	1.1 TITLE	ST Darge □ Addition
MALL HALKENBU	RG, LOKI	1.2 NAME	VAN VALKENBURG, LORI 7925 SHAUMAR ST.
		13 STREET ADDRESS	7925 SHALIMAR ST.
CITY-ST-ZIP MIRAMAR, 760	KIDA 33023	1.4 CITY - ST - ZIP	MIKARAR, 160KIDA 33023
TITLE	DELETE	2.1 TITLE	V P L Change L Addition
NAME		22 NAME	LAMONT, WILLIAM
STREET ADDRESS		2.3 STREET ADDRESS	17927 N.W. 78TH PLACE
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	HIALEAH, FL. 33015
TITLE	- □·DELĒTE —	- 3-1-THLE	Change L. Addition
NAME		3 2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Character D Maliting
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	4 4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	5 1 TITLE	Li Change Li Abunton
NAME		5 2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE	5 4 CITY- ST- ZIP 6 1 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE		Change Thousand
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
14. Upgraphy cartify that the information suc	onlied with this filling does not qualify for	the exemption state	d in Section 119 07(3)(i). Florida Statutes. I further certify that the information
indicated on this annual report or supp	plemental annual report is true and accur	rate and that my sign	d in Section 119 07(3)(i), Florida Statutes. I further certify that the information lature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in
officer or director of the corporation or	the receiver or trustee empowered to ex	ecute this report as	305)

VAN VALKENBURG PRESIDENT Daie

305) 953-8474