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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041825 (7)

AQUALIT TOP STONE INC.

Principal Place of Business Mailing Address											
•	e or pusiness		Mailing Address								
3600 NE 2ND AVE			3600 NE 2ND AVE								
MIAMI FL 33137			MIAMI FL 33137								
							3. Date Incorporated or Qualified 05/23/1995		oate of Last F /01/1996	Report	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For			
21			26				65-0652874	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional lequired	
City & State		City & State					6 Florida Compaña Florida				-
23			28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country		Zφ	Cou	intry	<i>,</i>	8. This corporation has liability for	intangibl			
24	25	29		30	r				☐ No		
	g. Name and Address of Current	Regis	stered Agent		0.1	L Name	10. Name and Address of New Re	gistered	Agent		4
	TWILER, D.				81	Name					
			14. L . L . B . B	* *	82	Street Ac	Address (P.O. Box Number is Not Acceptable)			1	
			AND #35	46	83	 					
MIAMI FL 33132						<u> </u>					
					84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 6	607.1508, Florida Statu	ites, the al	pov	e-named o	orporation submits this statement for the p	uroose o	of changing	its registered	1
agent. I a	m familiar with, and accept the obligat	ons c	of, Section 607.0505, F	aumonze torida Stat	ute	y the corpo s.	oration's board of directors. I hereby accept	ot the ap	pointment as	s registered	
SIGNATURE	Signature, lyped or printed name of registered agent	and tita	or diagnicable (NC)	D Registro	d Ace	ent signature re	equired when reinstating)	DATE			
12.	OFFICERS AND			13.	a ngi	and and to the	ADDITIONS/CHANGES TO OFFIC	. 	D DIRECTO	RS IN 12	(g
TITLE	Ρ		DELETE	1.1 11	Tt E				Change	Addition	- 0/0
NAME	-FELX; JURT-W- FEL/4	, 1	KURT W.	1.2 N/	\ME						1 70
STREET ADDRESS	1717 N BAYSHORE DR#2489	. 4	# 3546	1.3 \$1	1.3 STREET ADDRESS						Ì
CITY-ST-ZIP	MIAMI FL 33132			1.4 CI	TY- 5	S1 - 71P	<u> </u>			·	_ i
TITLE	V		☐ DELETE	2.1 11	ΊŧΕ				Change	Addition	(
NAME	LEUTWILER, KURT			2.2 N							
STREET ADDRESS	81148 SOI 2115 TIPPAWAN I					I ADDRESS					
CITY-ST-ZIP	SAMRONG NUA, SAMUTPRAKA	RN	☐ DELETE			ST-7IP			TT Change	T Balanca	4
TITLE	S DOMESTICS		ריי מנוינונ	3.1 TI					Change		
NAME STREET ADDRESS	LEUTWILER, DOMINIQUE 1717 N BAYSHORE DR : #2402	_ +	# arul	3.2 N/		LADODECC					
CITY-ST-ZIP	MIAMI FL 33132	- W	r 33 76			I ADDRESS ST-ZIP					
TITLE	MUSMI TE 33132		DELETE	4.1 TI		31-ZIr			Change	Addition	4
NAME				4. 2 N		ļ					
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP						ST-ZIP					
TITLE			DELETE	5.1 11					Change	Addition	1
NAME				5.2 No	AME						
STREET ADDRESS				5.3 ST	REET	1 ADDRESS					
CITY-ST-ZIP				5.4 CI	1Y - 8	ST-ZIP					
TITLE			☐ DELE1E	6.1 TI	1LE				Change	Addition	1
NAME				6.2 N	AME	į					
STREET ADDRESS				6.3 87	REET	1 ADDRESS					
CITY-ST-ZIP		et.	ONE INC.	6.4 CI	1Y - 5	ST - ZIP	ited in Section 119.07(3)(i). Florida Statute		<u>. </u>		
14. I do heret	by certify that the morning restablish	Willia t	uns mina does not qua	lify for the	exe	emption sta	ited in Section 119.07(3)(i), Horlda Statute	s. I furthe	er certify tha	t the	- 1

information indicated on this annual report is true and accurate and that my signature shall have the same logal offect as if made under cath; that I am an officer or director of the payer monage of the care report of the payer monage of the care logal offect as if made under cath; that I am an officer or director of the payer monage of the care logal offect as if made under cath; that I am an officer or director of the payer monage of the category of the payer made appears in Block 12 or Block 13 in charged, or or an atlactment with an address.

DONATURE Kurt W Fally

OH 3/

245-522-0010

FILED

May 15 1997 8:00am

Secretary of State