


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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>95000052520</i> 1. Corporation Name <i>A45 STONE CORP.</i>			
Principal Place of Business <i>H910 SW 186 AVE</i> <i>FT. LAUDERDALE, FLA 33332</i>		Mailing Address <i>H910 SW 186 AVE</i> <i>FT. LAUDERDALE, FLA. 33332</i>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number	Applied For
22. City & State	27. City & State	650635379	Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>BARRIGA, JERARDO</i> <i>H910 SW 186 AVE</i> <i>FT. LAUDERDALE, FLA 33332</i>		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 <i>[Signature]</i>		<i>JERARDO BARRIGA</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>4/15/97</i>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		13.2 NAME	
12.3 CITY-ST-ZIP		13.3 STREET ADDRESS	
12.4 TITLE	<input type="checkbox"/> DELETE	13.4 CITY-ST-ZIP	
12.5 NAME		13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS		13.6 NAME	
12.7 CITY-ST-ZIP		13.7 STREET ADDRESS	
12.8 TITLE	<input type="checkbox"/> DELETE	13.8 CITY-ST-ZIP	
12.9 NAME		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		13.10 NAME	
12.11 CITY-ST-ZIP		13.11 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	13.12 CITY-ST-ZIP	
12.13 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY-ST-ZIP		13.15 STREET ADDRESS	
12.16 TITLE	<input type="checkbox"/> DELETE	13.16 CITY-ST-ZIP	
12.17 NAME		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY-ST-ZIP		13.19 STREET ADDRESS	
12.20 TITLE	<input type="checkbox"/> DELETE	13.20 CITY-ST-ZIP	
12.21 NAME		13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS		13.22 NAME	
12.23 CITY-ST-ZIP		13.23 STREET ADDRESS	
12.24 TITLE	<input type="checkbox"/> DELETE	13.24 CITY-ST-ZIP	
12.25 NAME		13.25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 STREET ADDRESS		13.26 NAME	
12.27 CITY-ST-ZIP		13.27 STREET ADDRESS	
12.28 TITLE	<input type="checkbox"/> DELETE	13.28 CITY-ST-ZIP	
12.29 NAME		13.29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.30 STREET ADDRESS		13.30 NAME	
12.31 CITY-ST-ZIP		13.31 STREET ADDRESS	
12.32 TITLE	<input type="checkbox"/> DELETE	13.32 CITY-ST-ZIP	
12.33 NAME		13.33 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.34 STREET ADDRESS		13.34 NAME	
12.35 CITY-ST-ZIP		13.35 STREET ADDRESS	
12.36 TITLE	<input type="checkbox"/> DELETE	13.36 CITY-ST-ZIP	
12.37 NAME		13.37 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.38 STREET ADDRESS		13.38 NAME	
12.39 CITY-ST-ZIP		13.39 STREET ADDRESS	
12.40 TITLE	<input type="checkbox"/> DELETE	13.40 CITY-ST-ZIP	
12.41 NAME		13.41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.42 STREET ADDRESS		13.42 NAME	
12.43 CITY-ST-ZIP		13.43 STREET ADDRESS	
12.44 TITLE	<input type="checkbox"/> DELETE	13.44 CITY-ST-ZIP	
12.45 NAME		13.45 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.46 STREET ADDRESS		13.46 NAME	
12.47 CITY-ST-ZIP		13.47 STREET ADDRESS	
12.48 TITLE	<input type="checkbox"/> DELETE	13.48 CITY-ST-ZIP	
12.49 NAME		13.49 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.50 STREET ADDRESS		13.50 NAME	
12.51 CITY-ST-ZIP		13.51 STREET ADDRESS	
12.52 TITLE	<input type="checkbox"/> DELETE	13.52 CITY-ST-ZIP	
12.53 NAME		13.53 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.54 STREET ADDRESS		13.54 NAME	
12.55 CITY-ST-ZIP		13.55 STREET ADDRESS	
12.56 TITLE	<input type="checkbox"/> DELETE	13.56 CITY-ST-ZIP	
12.57 NAME		13.57 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.58 STREET ADDRESS		13.58 NAME	
12.59 CITY-ST-ZIP		13.59 STREET ADDRESS	
12.60 TITLE	<input type="checkbox"/> DELETE	13.60 CITY-ST-ZIP	
12.61 NAME		13.61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.62 STREET ADDRESS		13.62 NAME	
12.63 CITY-ST-ZIP		13.63 STREET ADDRESS	
12.64 TITLE	<input type="checkbox"/> DELETE	13.64 CITY-ST-ZIP	
12.65 NAME		13.65 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.66 STREET ADDRESS		13.66 NAME	
12.67 CITY-ST-ZIP		13.67 STREET ADDRESS	
12.68 TITLE	<input type="checkbox"/> DELETE	13.68 CITY-ST-ZIP	
12.69 NAME		13.69 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.70 STREET ADDRESS		13.70 NAME	
12.71 CITY-ST-ZIP		13.71 STREET ADDRESS	
12.72 TITLE	<input type="checkbox"/> DELETE	13.72 CITY-ST-ZIP	
12.73 NAME		13.73 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.74 STREET ADDRESS		13.74 NAME	
12.75 CITY-ST-ZIP		13.75 STREET ADDRESS	
12.76 TITLE	<input type="checkbox"/> DELETE	13.76 CITY-ST-ZIP	
12.77 NAME		13.77 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.78 STREET ADDRESS		13.78 NAME	
12.79 CITY-ST-ZIP		13.79 STREET ADDRESS	
12.80 TITLE	<input type="checkbox"/> DELETE	13.80 CITY-ST-ZIP	
12.81 NAME		13.81 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.82 STREET ADDRESS		13.82 NAME	
12.83 CITY-ST-ZIP		13.83 STREET ADDRESS	
12.84 TITLE	<input type="checkbox"/> DELETE	13.84 CITY-ST-ZIP	
12.85 NAME		13.85 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.86 STREET ADDRESS		13.86 NAME	
12.87 CITY-ST-ZIP		13.87 STREET ADDRESS	
12.88 TITLE	<input type="checkbox"/> DELETE	13.88 CITY-ST-ZIP	
12.89 NAME		13.89 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.90 STREET ADDRESS		13.90 NAME	
12.91 CITY-ST-ZIP		13.91 STREET ADDRESS	
12.92 TITLE	<input type="checkbox"/> DELETE	13.92 CITY-ST-ZIP	
12.93 NAME		13.93 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.94 STREET ADDRESS		13.94 NAME	
12.95 CITY-ST-ZIP		13.95 STREET ADDRESS	
12.96 TITLE	<input type="checkbox"/> DELETE	13.96 CITY-ST-ZIP	
12.97 NAME		13.97 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.98 STREET ADDRESS		13.98 NAME	
12.99 CITY-ST-ZIP		13.99 STREET ADDRESS	
12.100 TITLE	<input type="checkbox"/> DELETE	14.00 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Alba Reid* *ALBA REID* *4/15/97* *954-252-0982*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)