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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

THE

NAME

STREET ADDRESS

appears in Block

DOCUMENT # **P95000067152 (5)**

QUETZAL STONE DISTRIBUTORS, INC.

Principal Place of Business Mailing Address 933 NW 12 AVE 933 NW 12 AVE FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311-7128 3. Date Incorporated or Qualified 08/29/1995 3a. Date of Last Report 08/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0610245 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 29 25 30 Florida Statutes Yes PNo 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent KRAUSE, PETER A 81 Name 60 laste 7770 W OAKLAND PARK BLVD SUITE 470 82 SUNRISE FL 33351 83 84 508. Florida Blatutes, the above named corporation submits this statement for the purpose of changing its registered up betange was authorized by the corporation's board of directors. I hereby accept the appointment as registered for 2005, riorida Statutes. 11. Pursuant to the provisions office or register agent. Lani tamilidi wij SIGNATURE n reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition DI MARCO, SANTO NAME 1.2 NAME 933 NW 12 AVE STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33311 CITY ST-ZiP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition SKEEN, EUGENE D NAME 2.2 NAME 933 NW 12 AVE STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 33311 CHY-SI-7-P 2.4 CITY-ST-ZIP DELETE 3 1 TITLE ☐ Change ___ Addition NAMi 3.2 NAME * STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-Z/P 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE THEF 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 54 CITY-ST-ZIP

DELETE

61 TITLE

6.2 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP 14. If 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 poor 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 dijector of the corporation or the region of truesee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

May 13 1997 8:00am Secretary of State



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***165.00