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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000082975** 1. Corporation Name

ETERNAL STONE, INC.

Principal Place of Business	Mailing Address	
10260 S KENDALE BLVD	10260 S KENDALE BLVD	
MIAMI FL 33176	MIAMI FL 33176	
US	US	

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90016 016 ***150.00



F TITICIPAL FRAC	ce of business	Maning Address			,
10260 S KENDALE BLVD 10260 S KENDALE BLVD					
MIAMI FL 33176 MIAMI FL 33176					
US		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
2 Principal F	Place of Business	2a. Mailing Address			10/30/1995
21	lace of Business	F			4. FEI Number Applied For
	1			65-0617525 Not Applicable	
22			5. Certificate of Status Desired		
City & Sta	te	City & State	·		
\neg				6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip Country		· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution Added to Fees
24	25		h		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No
24]	9. Name and Address of Curre	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Personal Property Tax.
	J. 112.114 T.114 T.104 O.1 4 T.114	Nogistered Agent	81	l Name	10. Name and Address of New Registered Agent
PRA	DO, ADOLFO				
	80 S KENDALE BLVD		82	Street A	Address (P.O. Box Number is Not Acceptable)
	MI FL 33176		83		
-			63	'	
			84	City	■■ 85 Zip Code
				<u>L</u>	FL " '
11, Pursuant office or r	to the provisions of Sections 607.050 to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes, of Florida, Such change was auth	the abov	e-named c	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes	S.	accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age			nt signature rec	quired when reinstating) DATE
TITLE	PD OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	, · —	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition .
NAME	PRADO, ADOLFO		1.2 NAME	İ	
STREET ADDRESS	10260 S KENDALE BLVD		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	<u></u>	1.4 CITY-S	ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE		. Change Addition
NAME	PARRA, MANUEL A		2.2 NAME	i	
STREET ADDRESS	10260 S KENDALE BLVD		2.3 STREE	TADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		2. 4 CITY-5	ST- ZIP	
TITLE	VTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	YLLANES, ALEXIS		3.2 NAME		
STREET ADDRESS	10260 S KENDALE BLVD		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		3.4. CITY- S	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	-	
STREET ADDRESS			4.3 STREET	TADDRESS	
CITY-ST-ZIP			4.4 CITY-S		
TITLE		☐ DELETE	5.1 TITLE		.· Change Addition
NAME			5.2 NAME		,
STREET ADDRESS			5.3 STREET	T ADDRESS	•
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	·
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	TADDRESS	,
CITY-ST-ZIP			6.4 CITY-S1	1-217	

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.

SIGNATURE:

