2004 HNIEGRM RUGINESS DEDORT /HRD)

2001	1 UNIFORM BUSII	i)	FILED						
DOCUMENT # P96000045467 1. Entity Name AMERICAN ESCAYOLA STONE INC.					Mar 15, 2001 8:00 am Secretary of State 03-15-2001 90205 014 ***150.00				
•	ce of Business	Mailing Address	<u> </u>						
3350 NW 48 STREET MIAMI FL 33142		3350 NW 48 STREET MIAMI FL 33142							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	FEI Number	65-0689414		Applied For]
Zip	Country	Zip	Country	5.	Certificate of	Status Desired	\$8.75 Fee Requ	Not Applicable Additional uired	1
	6. Name and Address of Current Re	egistered Agent	Norse	7.	Name and Ad	Idress of New Reg	Istered Agent		- - - - -
2300 SUIT	RIDA ANNUAL REPORT SERVICES, II O CORAL WAY TE 200 MI FL 33145	NC.	Street Add		Box Number is	NZa[{ Z s Not Acceptable) P Stret			 -
IVID (II	Λ .		City	mva	mi		FL Zip C	Sode	
8. The above	named entity submits this statement for the	ne purpose of changing its reg	istered office or r			in the State of Florid		12/	1
SIGNATURE .	Signature typed or printed name of registered agent and		gistered Agent signature	e required when r	reinstating)		DATE		
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! I After MAY 1, 2001 Make Check Payable	Fee will be \$55	0.00	1	on Campaign Finan Fund Contribution.	· — •	5.00 May Be ded to Fees	
11.	OFFICERS AND DI		12.		DDITIONS/CH	IANGES TO OFFICE			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GONZALEZ, JOSE E 4850 NW 17TH AVE MIAMI FL 33142	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3350	ez, Jose Nw 48 ni FL	E Stre (33142	Chang	ge Addition)34 (10/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JOSE E 3320 NW 48 STREET See Au MIAMI FL 33142	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Conzala 3350	(2,505C NW 48	E Street	⊠ Chan	ge 🗌 Addition	CRZE
NAME STREET ADDRESS CITY-ST-ZIP	and the second s	□-Delete	NAME STREET ADDRESS CITY-ST-ZIP			The state of the s	(⊡) /Chan	ge Additions	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Chang	ge 🗌 Addition	
indicated of the cor changed,	certify that the information supplied with the on this report or supplemental report is transportation or the receiver of trustee empower, or on an attachment with an address, with	ue and accurate and that my s	signature shall hav	ve the same	legal effect as	s if made under oat	h: that I am an offi	cer or director	
SIGNAT	TURE: 1971 1030	ITED NAME OF SIGNING OFFICER OR I	DIRECTOR		- μ	Date	Daytime Phone) #	