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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091448 (6)

EUROPA MARBLE & TILE NUMBER II, INC.

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 16011001 116 10110 01111 00111 00111	Take Bales (Bila) dia	II UIUII BIBUF	IEII IEE
18 WEST HALLANDALE BLVD. 18 WEST HALLANDALE B HALLANDALE FL 33009 HALLANDALE FL 33009			BLVD.					
		***************************************			DO NOT WRIT	IN THIS SPA	NCE.	
					3. Date Incorporated or Qualified			
			/		11/07/1996			
2. Principal Place of Business 2a. Mailing Ac			ddress		4. FEI Number		h ·- · · · ·	lied For
Sulte, Apt. #, etc.		Suite Aut # oto	Suite, Apt. #, etc.		65-0715514		,- <u>4</u> 4	Applicable
22		27	27		5. Certificate of Status Desired	\$	68.75 Ad Fee Requ	
City & State		City & State			6. Election Campaign Financing		\$5.00 M	lay Bo
Zip Country 28			Zip Country		Trust Fund Contribution		Added to	
24			h	гу	8. This corporation owes or has p			
24 25 29 30 30 9, Name and Address of Current Registered Agent					Personal Property Tax due June 10. Name and Address of New Re			NO
но	LLANDER, BRUCE L ESQ.	······································	6	1 Name		3		
901 SO. STATE ROAD 7			8	2 Street Add	ress (P.O. Box Number is Not Accepta	ble)		
PENTHOUSE C HOLLYWOOD FL 33023			8	3				
]			8	4 02			Transactur	
į			8	4 City		FL 8	5 Zip Co	ide
11. Pursuant i office or ri agent. Lai	to the provisions of Sections 607 050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida, Such change was ations of Section 607.0505, Fl	tes, the abo authorized t	ve-named corporal	poration submits this statement for the tron's board of directors. I hereby acce	nurpose of cha pt the appoint	anging its r ment as re	registered gistered
SIGNATURE								
12,	Signature, typod or pointed name of registered age OFFICERS AN		IF Registered A	goot signaturi, requi	red when reinstating)	DATE		
TITLE	\$TD	DELETE	1.1 Tale		ADDITIONS/CHANGES TO OFFIC			Addition !
NAME	VINCENZO, BEATRICE M		1.2 NAME			L1	Change [
STREET ADDRESS	18 WEST HALLANDALE BEAC	CH BLVD.		1 ADORESS				;
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CiTY-					
TITLE	PD	DELETE	2.1 117(f	07.11			Change [Addition
NAME	BARTOS, IOAN V	IRTOS, IOAN V 22N						
STREET ADDRESS	18 WEST HALLANDALE BLVD. 23		23 STHC	T ADDRESS				
CITY-ST-ZIP	HALLANDALE FL 33009		2 4 CHY	· ST - ZiP				
TITLE	DELETE 31		3.1 1811				Change [Addition
NAME			3.2 NAME					
STREET ADDRESS			3 3 S1R££	1 ADDRESS				
CITY-ST-ZIP			3.4 CHY	ST 7IP				
TITLE		☐ DETEIR	4.1 1111.6				Change [Addition
NAME			4. 2 NAMI					
STREET ADDRESS			4 3 STREE	1 AODRESS				
CITY-ST-ZIP		·	4.4 CITY	S1 - 7(P		·		
TITLE		DELETE 5.1					Change [Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	1 ADDRESS				
CITY-ST-ZIP			5 4 CHY-	S1-ZIP				
TITLE	1	☐ DELETE	G.17IIILE				Change [_] Addition
NAME	V 1		6.2 NAME					
STREET ADDRESS	1/ //		6.3 STRCE	ADDRESS				
CITY-ST-ZIP	artify that the informative and in	the thing files of stage and so will to	6.4 CITY-1	S1 - ZIP	Section 110 07/0VS To-12- Oct.			

by with this bling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information until fund to an accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate empowered to execute this report as required by Chapter 607, I forida Statutes; and that my name appears in attachment with an address indicated on this annual Report of sup officer or director of the curporation of Block 12 or Block 13 if changed or of