Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90052 048 \*\*\*150.00

## 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 # P9700000785

RAMOS MARBLE AND GRANITE INC.

• • • • • • • • • • • • • • • • • • • •													
Principal Place	e of Business	Ma	iling Address					1 18811881	110 18114 SMB14 B	<b>                 </b>	##ILL ##!!!	******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2804 N. ARMEN	IIA AVE.	P.O.	BOX 10185										
TAMPA FL 33607 TAMPA FL 33679							DO NOT WRITE IN THIS SPACE						
US US							3. Date Incorporated or Qualified						
								01/01/199		ailleu			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. F	El Number				Α	pplied For
21		26	_				; 5	59-34186	07			N	lot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			**	:		Status Desi	rod .	П.		Additional
22	.,	27					5. C	Deniicate or	Status Desi	eu •	<u></u>	Fee F	lequired
City & State	e		City & State				6. E	Election Can	npaign Finar	ncing		\$5.00	May Be
23		28					1	Trust Fund C	Contribution		L.J	Added	to Fees
Zip	Country		Zip	Cou	ıntry	-	8. T	This corpora	tion owes th	е сиггег	nt year In	tangible	
24	25	29		30				Personal Pro				☐ Yes	E-140
	9. Name and Address of Cu		ered Agent	· · · · ·	Γ		10. 1	Name and A	Address of !	New Re	gistered	Agent	
					81	Name							,-
RAM	os, John J				82	Charat A	ddroop /D (	O. Boy Num	ber is Not A	ccentah	<b>le</b> )		
4115	W CORONA ST				02	Street	duress (F.C	O. BOX NUIII	Del IS NOCA	coepian	,		
TAMI	PA FL 33629				83			***					•
					84	City					Fl	85 Zip	Code
office or re	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	bligations of.	Section 607 0505. Flo	orida Stat	utes	inc ourpoi	0	3,0 0, 0001.	,				*
SIGNATURE							quired when rein	nstating)			DATE	·	
SIGNATURE	Signature, typed or printed name of registers	ed agent and title it	applicable. (NOTE		d Agen		quired when rein	nstating) DDITIONS/(	CHANGES T	O OFFI		ND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registers OFFICER		applicable. (NOTE	E: Registered	d Agen		quired when rein	instating) DDITIONS/(	CHANGES T	O OFFI		ND DIRECT	
SIGNATURE  12.  TITLE	Signature, typed or printed name of registers OFFICER PS	ed agent and title it	applicable. (NOTE	E: Registered	d Agen		quired when rein	nstating) DDITIONS/(	CHANGES T	O OFFI			
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J	ed agent and title it	applicable. (NOTE	13. 1.1 Ti	Agen ITLE	t signature rec	quired when rein	nstating) DDITIONS/(	CHANGES T	O OFFI			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J 4115 CORONA ST.	ed agent and title it	applicable. (NOTE	E: Registered 13. 1.1 TI 1.2 N 1.3 S	d Agen ITLE AME	t signature rec	quired when rein	nstating) DDITIONS/0	CHANGES T	O OFFI			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J	ed agent and title it	applicable (NOTE	E: Registered 13. 1.1 TI 1.2 N 1.3 S	ITLE AME TREET	t signature rec	quired when rein	nstating)	CHANGES T	O OFFI			Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J 4115 CORONA ST.	ed agent and title it	applicable. (NOTE	E: Registerec 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	ITLE AME TREET	t signature rec	quired when rein	instating) DDITIONS/0	CHANGES T	O OFFI		☐ Change	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J 4115 CORONA ST.	ed agent and title it	applicable (NOTE	E: Registerec 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	ITLE AME TREET TTY-ST	t signature rec	quired when rein	instating) DDITIONS/C			CERS A	☐ Change	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J 4115 CORONA ST.	ed agent and title it	applicable (NOTE	E: Registered 13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	Agen  TREET  TREET  TREET  TREE	r ADDRESS	quired when rein	nstating) DDITIONS/(		O OFFI	CERS A	☐ Change	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J 4115 CORONA ST.	ed agent and title it	applicable (NOTE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	ITLE IME ITTLE ITTLE ITTLE IAME ITREET ITTLE ITREET	r ADDRESS	quired when rein	instating)			CERS A	☐ Change	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J 4115 CORONA ST.	ed agent and title it	applicable (NOTE	E: Registerec  13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI	Agen  ITLE  ITREET  ITLE  ITREET  ITREET  ITREET  ITREET	r ADDRESS	quired when rein	instating)			CERS A	☐ Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J 4115 CORONA ST.	ed agent and title it	applicable (NOTE	E: Registerec  13. 1.1 Ti 1.2 N 1.3 S 1.4 G 2.1 Ti 2.2 N 2.3 S 2.4 G 3.1 Ti 3.2 N	ITLE AME TREET TITLE AME TREET TITLE AME TREET TITLE AME	r ADDRESS T-ZIP T ADDRESS T-ZIP	quired when rein	instating)			CERS A	☐ Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J 4115 CORONA ST.	ed agent and title it	applicable (NOTE	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	ITLE AME TREET TREET TREET TREET TREET	r ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	quired when rein	instating)			CERS A	☐ Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J 4115 CORONA ST.	ed agent and title it	applicable (NOTE CTORS  DELETE  DELETE	E: Registerec  13. 1.1 Ti 1.2 N 1.3 S 1.4 G 2.1 Ti 2.2 N 2.3 S 2.4 G 3.1 Ti 3.2 N 3.3 S 3.4. G	ITLE AME TREET TILE AME TREET TILE AME TREET TILE AME TREET CITY-S TILE AME	r ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	quired when rein	instating)			CERS A	☐ Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J 4115 CORONA ST.	ed agent and title it	applicable (NOTE	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 T	ITLE AME TREET TILE AME TREET TILE AME TREET TILE TREET TILE TREET TILE TREET TILE TREET	r ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	quired when rein	instating)			CERS A	☐ Change	Addition  Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME NAME	PS RAMOS, JOHN J 4115 CORONA ST. TAMPA 33629	ed agent and title it	applicable (NOTE CTORS  DELETE  DELETE	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P	ITLE AME TREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	quired when rein	instating)			CERS A	☐ Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS	PS RAMOS, JOHN J 4115 CORONA ST. TAMPA 33629	ed agent and title it	applicable (NOTE CTORS  DELETE  DELETE	E: Registered 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 . C 4.1 T 4.2 N	ITLE AME TREET TITLE AME TREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	Quired when rein	instating)			CERS A	☐ Change	Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	PS RAMOS, JOHN J 4115 CORONA ST. TAMPA 33629	ed agent and title it	Applicable (NOTE CTORS   DELETE   DEL	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C	ITLE AME TREET TITLE AME TREET TITLE AME TREET TITLE AME TREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	Quired when rein	instating)			CERS A	☐ Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PS RAMOS, JOHN J 4115 CORONA ST. TAMPA 33629	ed agent and title it	applicable (NOTE CTORS  DELETE  DELETE	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 G 2.1 TI 2.2 N 2.3 S 2.4 G 3.1 TI 3.2 N 3.3 S 3.4 G 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T	ITLE AME TREET TITLE AME TREET TITLE AME TREET TITLE TREET TREET TREET TREET TREET TREET TREET TREET TREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	Quired when rein	nstating)			CERS A	☐ Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME	PS RAMOS, JOHN J 4115 CORONA ST. TAMPA 33629	ed agent and title it	Applicable (NOTE CTORS   DELETE   DEL	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 . C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N	ITLE AME TREET TITLE TREET TITLE TREET TITLE TREET TITLE TITLE TREET TITLE TITLE TITLE TITLE	T ADDRESS T-ZIP	quired when rein	nstating)			CERS A	☐ Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP	PS RAMOS, JOHN J 4115 CORONA ST. TAMPA 33629	ed agent and title it	Applicable (NOTE CTORS   DELETE   DEL	E: Registered  13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 . C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	ITLE AME TREET TITLE ITM-SI TILE IAME TREET TITLE IAME TREET	T ADDRESS T-ZIP T ADDRESS	quired when rein	nstating)			CERS A	☐ Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PS RAMOS, JOHN J 4115 CORONA ST. TAMPA 33629	ed agent and title it	Applicable (NOTE CTORS   DELETE   DEL	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	ITLE AME TREET TITLE TREET TITLE TREET TITLE TREET TITLE TITLE TREET TITLE TITLE TITLE TITLE	T ADDRESS T-ZIP T ADDRESS	quired when rein	nstating)			CERS A	☐ Change	Addition Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE	PS RAMOS, JOHN J 4115 CORONA ST. TAMPA 33629	ed agent and title it	Applicable (NOTE CTORS   DELETE   DEL	E: Registered 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	ITLE AME TREET TITLE	T ADDRESS T-ZIP T ADDRESS	quired when rein	nstating) DDITIONS/C			CERS A	Change	Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registers OFFICER PS RAMOS, JOHN J 4115 CORONA ST. TAMPA 33629	ed agent and title it	Applicable (NOTE CTORS   DELETE   DEL	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	ITLE AME TREET TITLE TIT	T ADDRESS T-ZIP T ADDRESS	quired when rein	nstating) DDITIONS/C			CERS A	Change	Addition Addition Addition

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 apartment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: