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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000013036

1. Corporation Name

CORALINA STONE, INC.

Principal Place	of Business	Mailing Address						
8485 NW 54TH STREET 8485 NW 54TH S		8485 NW 54TH STREET						
MIAMI FL 33166		MIAMI FL 33166		DO NOT	MOSTE IN THIS	CDACE		
U\$		US			WRITE IN THIS	SPACE	7	
					3. Date Incorporated or Qua	iiea		
					02/10/1997	_		-5
2. Principal Pla	Place of Business 2a. Mailing Address			4. FEI Number				plied For
21 26				65-0729231			t Applicable	
Suite, Apt. #, etc.					5. Certifcate of Status Desire	d 🗆	\$8.75 A Fee Re	
22 27								
City & State City & State				6. Election Campaign Finance	ing □	\$5.00		
23	28				Trust Fund Contribution	<del></del>	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the	current year Int		□No
24	25	29 30	<u> </u>		Personal Property Tax.  10. Name and Address of N	5 - 1-4		
	9. Name and Address of Current	Registered Agent	81	N		ew Registered	Agent	
GONZALEZ-FELIU, JOCELYN				"FEI	_IU, JOCELYN			
9686 FOUNTAINBLEU BLVD UNIT 303				Street	Address (P.O. Box Number is Not Ac	ceptable)		1
				968	<u>86 FOÙNTAINBLEU BLVC</u>	<u>, UNIT 3</u>	03	
MIAMI FL 33172								
				City			85 Zip (	Code
				City	1MA	FL		Code 3172
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	the above	nomod	comporation submits this statement to	the purpose of	changing its	registered
I office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State of n familiar with, and accept the obligation	i Florida. Such change was auth	onzea by	ine corpi	oration's board of directors. I hereby a	ccept the appoi	Hument as re	gistered
		. )				2/2/99	7	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	t signature (	required when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	JPD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	GAGG, IVELISSE A		1.2 NAME					
STREET ADDRESS	10990 NW 59TH STREET 1.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-S	Γ-ZIP				
TITLE	S	X) DELETE	2.1 TITLE		S		X Change	☐ Addition
NAME	GONZALEZ, JOCELYN	NZALEZ, JOCELYN 2			FELIU. JOCELYN			
STREET ADDRESS					9686 FONTAINBLEU BC	ULEVARD.	UNIT 3	303
CITY-ST-ZIP			2.4 CITY-S	T-712	MIAMI FL 33172	•		
TITLE			3.1 TITLE				Change	☐ Addition
NAME	VASQUEZ, MAGALI		3.2 NAME					
1	9686 FONTAINBLEU BOULEVAF	RD. UNIT 303	3.3 STREET	ANDRESS				ļ
STREET ADDRESS	MIAMI FL 33172	10) OTHE OOC	3.4. CITY-S					
CITY-ST-ZIP	NIAWITE 331/2	∏ DELETE	4.1 TITLE	1-41		_	Change	Addition
TITLE	GAGG. PAUL	T OCTACE	4. 2 NAME					
NAME	10990 NW 59TH STREET							,
STREET ADDRESS				r address				
CITY-ST-ZIP	MIAMI FL 33178		4.4 CITY-S	T-ZIP				

CITY-ST-ZIP 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

G OFFICER OR DIRECTOR

DELETE

DELETE

Change

Change

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90153 013 \*\*\*150.00

Addition

☐ Addition