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

1. Corporatio	MENT # P970000 on Name PTS IN STONE & MARBLE, IN			02-03-1999 90028 036 **	жж150.00
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Principal Plac		Mailing Address			•
3850 BIRD ROA MIAMI FL 3314	·	3850 BIRD ROAD Miami Fl 33146		•	•
	•			. DO NOT WRITE IN TH	HIS SPACE
			٠	3. Date Incorporated or Qualifed	
		T = 44.00 ⁷⁷⁷		03/11/1997	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number 65-0738678	Applied For Not Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		05 0730076	\$8.75 Additional
22	m, etc.	27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	,	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25		30	Personal Property Tax.	Yes □No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
GAR	RFINKEL, MITCHEL D	kata, wili kana	Name		
	FINANCIAL PLAZA		82 Street Add	dress (P.O. Box Number is Not Acceptable)	•
	TE 2111		83	* * *** *** ** ** ** ** ** ** ** ** **	TATE TO BUILD HAVE
FT L	AUDERDALE FL 33394			र असे हैं। इंटर के लिख है से दे	加克(在一种市民的基础
		•	84 City	F	85 Zip Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose	of changing its registered
anent La	m familiar with, and accept the obligation	ons of Section 607 0505. Flor	ilitionzeo by the corporati ida Statutes.	ion's board of directors, I hereby accept the ap	politiment as registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statutes.	ion's board of directors, i hereby accept the ap	politiment as registeres
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flor and little if applicable. (NOTE:	Registered Agent signature require	red when reinstating)!	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/97

FILED

Feb 03, 1999 8:00am

Secretary of State

Daytime Phone #

EU34 (11/96)