## 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 # P97000055681

1. Corporation Name

D BANDDLE & CDANITE INC

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90030 006 \*\*\*150.00

3-DIVIAN	IDLE & GRANITE INC.												
D: -:! D!	of Projects	34-	ailing Address	_	_			<del> </del>	HARRIE AND INVIEL ERREI		DESII DUARI I	JANGA GARAGA GARA	
Principal Place			-				l	}					
7150 SW 13 STREET MIAMI FL 33144			7150 SW 13 STREET MIAMI FL 33144						DO NO	T WRITE	IN THIS	SPACE	
								3. Date Inc	orporated or Q	ualifed		-	
0 0 0 0 0 0	lace of Business	722	Mailing Addre					4. FEI Num				Y A	pplied For
<b>└</b>	lace of Business	26	Walling Addit					65-076			•		ot Applicable
Suite, Apt.	# etc	20	Suite, Apt. #,	etc.	_								Additional
22 Suite, Apt.	# 1 CO.	- 27	—	~ -	<b>.</b> ~	. •		5. Certifcat	e of Status Des	sired_	<b>-</b>		equired
City & State	e	12.1	City & State					6. Election	Campaign Fina	ancina		\$5.00	May Be
23	•	28							nd Contribution	_			to Fees
Zip	Country	1201	Zip		Country	y		8. This con	poration owes t	he currer	it year inta	ngible	
24	25	29		7	30			1 '	l Property Tax.		•	ŬYes	□No
	9. Name and Address of Curren	1.	stered Agent					10. Name a	nd Address of	New Re	gistered i	Agent	
					81	Na	me			•			
NAV	ARRETE, FRANCISCO U				-	+	A 1 4:	(D.C. P )	Number is Not	Annonist	(a)		
	SW 13 STREET				82	2 Str	eet Addre:	ess (P.O. Box I	Number is Not /	чссеріав	ie)		
	MI FL 33144				83	<u>.</u>				-			
1111111					"	1							
	•				84	Cit	y				FL	85 Zip	Code
					thanzed by	/e-nan	ornoration	n's hoard of di					
agent. I a	m familiar with, and accept the obliga	itions of	, Section 607.0	USUS, FIOR	thorized by da Statutes	y the c s.	orporation	n's board of di	rectors. Therep	, <b>-</b> -	DATE		
agent. I a	im familiar with, and accept the obligation of registered ager	nt and title	f applicable.	USUS, FIOR	thorized by da Statutes	y the c s.	orporation	when reinstatung)			DATE		
agent. I a SIGNATURE 12.	Im familiar with, and accept the obligation of t	nt and title	f applicable	USUS, FIOR	thorized by da Statutes Registered Age	y the c s.	orporation	when reinstatung)	NS/CHANGES		DATE		ORS IN 12
agent. I a SIGNATURE  12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title	f applicable	(NOTE: F	Registered Age 1.1 TITLE	y the c	orporation	when reinstatung)			DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE  12.  TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U	nt and title	f applicable	(NOTE: F	Registered Age 13. 1.1 TITLE	y the c	ture required	when reinstatung)			DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET	nt and title	f applicable	(NOTE: F	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	y the C S. ent signa	ture required	when reinstatung)			DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144	nt and title	r section 607.0	(NOTE: F	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	y the C S. ent signa ET ADDR	ture required	when reinstatung)			DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD	nt and title	r section 607.0	(NOTE: F	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	y the C S. ent signa ent signa ET ADDR	ture required	when reinstatung)			DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D	nt and title	r section 607.0	(NOTE: F	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	y the CS. ent signa ent signa ET ADDR	ture required	when reinstatung)			DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET	nt and title	r section 607.0	(NOTE: F	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	ent signa ET ADDR ST-ZIP	ture required	when reinstatung)			DATE	D DIRECT	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D	nt and title	f applicable. ECTORS Di	(NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ent signa ET ADDR ST-ZIP ET ADOR	ture required	when reinstating) ADDITIO			DATE	☐ Change	ORS IN 12  Addition  Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE.	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET	nt and title	f applicable. ECTORS Di	(NOTE: F	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 6.3 STREE 7.3 TITLE	ent signa ET ADDR ST-ZIP ET ADOR	ture required	when reinstating) ADDITIO			DATE	D DIRECT	ORS IN 12  Addition  Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	f applicable. ECTORS Di	(NOTE: I	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  2.1 TITLE  2.2 NAME  2.3 STREE  2.4 CITY-  3.1 TITLE  3.2 NAME	ent signa ET ADDR ST-ZIP ET ADOR	ESS	when reinstating) ADDITIO			DATE	☐ Change	ORS IN 12  Addition  Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	f applicable. ECTORS Di	(NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	y the c	ESS	when reinstating) ADDITIO			DATE	☐ Change	ORS IN 12  Addition  Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE. NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	f applicable.  ECTORS DI	(NOTE: I ELETE	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  2.1 TITLE  2.2 NAME  2.3 STREE  2.4 CITY  3.1 TITLE  3.2 NAME  3.3 STREE  3.4 CITY	y the c S.  ET ADDR  ET ADDR  ET ADDR  ST-ZIP	ESS	when reinstating) ADDITIO			DATE	D DIRECT Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE. NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	f applicable.  ECTORS DI	(NOTE: I	13.	y the c S.  S.  ST ADDR  ST ADDR  ST ADDR  ST ADDR  ST ADDR	ESS	when reinstating) ADDITIO			DATE	☐ Change	ORS IN 12 Addition Addition
agent. I a 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 STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	f applicable.  ECTORS DI	(NOTE: I ELETE	13.	et ADDR	ESS ESS	when reinstating) ADDITIO			DATE	D DIRECT Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE. NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	f applicable.  ECTORS DI	(NOTE: I ELETE	13.	TADDR  ET ADDR  ET ADDR  ET ADDR  ET ADDR  ET ADDR	ESS ESS	when reinstating) ADDITIO			DATE	D DIRECT Change	ORS IN 12 Addition Addition
agent. I a 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 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	f applicable.  ECTORS DI	(NOTE: I ELETE ELETE	13.   1.1 TITLE	ert ADDR ST-ZIP  ET ADDR ST-ZIP  ET ADDR ST-ZIP	ESS ESS	when reinstating) ADDITIO			DATE	D DIRECT Change	ORS IN 12  Addition  Addition  Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE. NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	f applicable.  ECTORS DI	(NOTE: I ELETE	13.	y the constraints signal and sign	ESS ESS	when reinstating) ADDITIO			DATE	D DIRECT Change	ORS IN 12  Addition  Addition  Addition
agent. I a 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 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	f applicable.  ECTORS DI	(NOTE: I ELETE ELETE	13.   1.1 TITLE	ert ADDR ET ADDR ET ADDR ET ADDR ST-ZIP ET ADDR ST-ZIP	ESS = = = = = = = = = = = = = = = = = =	when reinstating) ADDITIO			DATE	D DIRECT Change	ORS IN 12  Addition  Addition  Addition
agent. I a 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 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	f applicable.  ECTORS DI	(NOTE: I ELETE ELETE	INDITZED BY MARKET STREET STRE	ert ADDR ST-ZIP ET ADDR ST-ZIP ET ADDR ST-ZIP	ESS = = = = = = = = = = = = = = = = = =	when reinstating) ADDITIO			DATE	D DIRECT Change	ORS IN 12  Addition  Addition  Addition
agent. I a 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 registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	if applicable. ECTORS DI	ELETE  ELETE  ELETE	13.   1.1 TITLE	ert ADDR ST-ZIP ET ADDR ST-ZIP ET ADDR ST-ZIP ET ADDR ST-ZIP ET ADDR ST-ZIP	ESS = = = = = = = = = = = = = = = = = =	when reinstating) ADDITIO			DATE	D DIRECT Change	ORS IN 12  Addition  Addition  Addition
agent. I a 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 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	if applicable. ECTORS DI	(NOTE: I ELETE ELETE	INDITZED BY INDITZ	ert adder  ET Ad	ESS = = = = = = = = = = = = = = = = = =	when reinstating) ADDITIO			DATE	D DIRECT Change	ORS IN 12  Addition  Addition  Addition  Addition
agent. I a 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 STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	if applicable. ECTORS DI	ELETE  ELETE  ELETE	13.   1.1 TITLE	ert adder  ET Ad	ESS = = = = = = = = = = = = = = = = = =	when reinstating) ADDITIO			DATE	D DIRECT Change	ORS IN 12  Addition  Addition  Addition
agent. I a 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 registered ager OFFICERS AN PSTD NAVARRETE, FRANCISCO U 7150 SW 13 STREET MIAMI FL 33144 VD NAVARRETE, URIEL D 3630 W 37 STREET HOLLYWOOD FL 33023	nt and title	if applicable. ECTORS DI	ELETE  ELETE  ELETE	INDITZED BY INDITZ	ert ADDR ST-ZIP ET ADDR ST-ZIP ET ADDR ST-ZIP ET ADDR ST-ZIP	ESS ESS ESS	when reinstating) ADDITIO			DATE	D DIRECT Change	ORS IN 12  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 of 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 dorporation or the receiver or frustee 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 or an attachment with an address, with all other like empowered.

SIGNATURE: