

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90127 025 ***150.00

DOCUMENT # P97000076422

1. Corporation Name
DIAMOND SHINE MARBLE MAINTENANCE, INCORPORATED

Principal Place of Business
8188 N.W. 201 TERRACE
HIALEAH FL 33015

Mailing Address
8188 N.W. 201 TERRACE
HIALEAH FL 33015



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

2. Principal Place of Business

21 2581 W. 71ST PL.

Suite, Apt. #, etc.

22

City & State

23 HIALEAH FL

Zip Country

24 33016 25 USA

2a. Mailing Address

26 P.O. BOX 171367

Suite, Apt. #, etc.

27

City & State

28 HIALEAH FL

Zip Country

29 33017 30 USA

4. FEI Number

65-0786620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

WATTS MENDEZ, DOROTHY A
8188 NW 201ST TERR
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name

MENDEZ, DOROTHY A. WATTS

82 Street Address (P.O. Box Number is Not Acceptable)

100 NE 6th AVE. LOT 605

83

84 City

HOME STEAD

FL

85 Zip Code

33030

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

DOROTHY A. WATTS MENDEZ

4-1-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MENDEZ, SERGIO A
STREET ADDRESS 8188 NW 201ST TERR
CITY-ST-ZIP HIALEAH FL 33015

TITLE VP ☐ DELETE

NAME MENDEZ, GLORIA R
STREET ADDRESS 2581 W 71ST PL
CITY-ST-ZIP HIALEAH FL 33016

TITLE ST ☐ DELETE

NAME MENDEZ, DOROTHY A WATT
STREET ADDRESS 8188 NW 201ST TERR
CITY-ST-ZIP HIALEAH FL 33015

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE P ☐ Change ☐ Addition

1.2 NAME MENDEZ, SERGIO A.
1.3 STREET ADDRESS 100 N.E 6th AVE LOT 605
1.4 CITY-ST-ZIP HOME STEAD FL 33030

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ST
3.3 NAME MENDEZ, DOROTHY A. WATTS
3.4 STREET ADDRESS 100 NE 6th AVE. LOT 605
3.5 CITY-ST-ZIP HOME STEAD FL 33030

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY A WATTS MENDEZ

Date

4-1-99 305-823-12

Daytime Phone #

CR2E034 (11/98)