FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000094769

DEAN CUSTOM STONE AND MASONRY, INC.

Country

9. Name and Address of Current Registered Agent

ANNUAL REPORT

1999

2. Principal Place of Business

AMERILAWYER

SIGNATURE:

SIGNATURE AND TYPED

343 ALMERIA AVENUE CORAL GABLES FL 33134

Suite, Apt. #, etc.

City & State

21

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Zip

Principal Place of Business Mailing Address 4901 SW 95TH COURT 4901 SW 95TH COURT MIAMI FL 33165 **MIAMI FL 33165**

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Zip

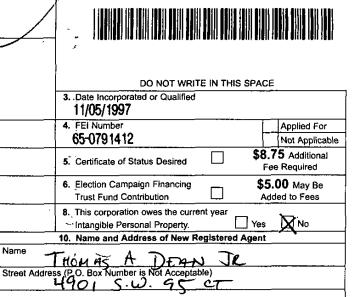
2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90007 049 ***550.00



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	T. Komas L)aeura	1	12,		918199
Signature, typed or printed name of registered agent and title Lapplicable. (NOTE:			Registered Agent signature required when reinstating) DAT			
12.	OFFICERS AND DIRECT	ORS		13.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTORS IN 12
TITLE	PVST ,	DELETE	_	1.1 TITLE	~	Change Addition
NAME	DEAN, THOMAS A JR			1.2 NAME		
STREET ADDRESS	4901 SW 95TH COURT			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165			1,4 CITY-ST-ZIP	3	
TITLE	D s	DELETE		2.1 TITLE	•	Change Addition
NAME.	DEAN, THOMAS A JR	_		2.2 NAME	- (- \	
STREET ADDRESS	4901 SW 95TH COURT			2.3 STREET ADDRESS	` , *	
CITY-ST-ZIP	MIAMI FL: 33165			2.4 CITY-ST-ZIP		
TITLE		DELETE		3.1 TITLE		Change Addition
NAME				3.2 NAME	-	
STREET ADDRESS				3.3 STREET ADDRESS	•	
CITY-ST-ZIP	1:+			3.4 CITY-ST-ZIP		
TITLE		DELETE		4.1 TITLE		Change Addition
NAME	•			4.2 NAME	. 1	
STREET ADDRESS	•			4.3 STREET ADDRESS	•	
CITY-ST-ZIP	<u> </u>			4.4 CITY-ST-ZIP	<u> </u>	
TITLE	• '5	☐ DELETE		5.1 TITLE		Change Addition
NAME	<i>*</i>			5.2 NAME	أمر	
STREET ADDRESS	1			5.3 STREET ADDRESS		ì
CITY-ST-ZIP	<u> </u>			5.4 CITY-ST-ZIP		
TITLE	<u> </u>	DELETE		6.1 TITLE		Change Addition
NAME				6.2 NAME	_ `	
STREET ADDRESS	N ₁ () 9		1	6.3 STREET ADDRESS		
CITY-ST-ZIP				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 proport 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 exprowered 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 attackment with an address.						

Country

81 Name

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83 84 City

MFAMI

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