

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90121 037 ***150.00

DOCUMENT # P98000068495

1. Corporation Name

PRIMA MARBLE AND GRANITE FABRICATION INC.



Principal Place of Business

1005 NW 155TH TERR
PEMBROKE PINES FL 33028

Mailing Address

1005 NW 155TH TERR
PEMBROKE PINES FL 33028

941 SOUTH PARK RD. - STE 107
HOLLYWOOD, FL. 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1998

2. Principal Place of Business

21 941 S. PARK ROAD
Suite, Apt. #, etc.

22 STE. 107

23 HOLLYWOOD, FL. 33021

24 33021 Country

2a. Mailing Address

26 941 S. PARK ROAD
Suite, Apt. #, etc.

27 STE. 107

28 HOLLYWOOD, FL. 33021

29 33021 Country

4. FEI Number

65-0856998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

SALEMI, MARCO
1005 NW 155TH TERR
PEMBROKE PINES FL 33028

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SALEMI, MARCO
STREET ADDRESS 941 S. PARK RD. / STE. 107
CITY-ST-ZIP HOLLYWOOD, FL. 33021

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME SALEMI, MARCO
1.3 STREET ADDRESS 941 S. PARK ROAD / APT 107
1.4 CITY-ST-ZIP HOLLYWOOD, FL. 33021

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SALEMI, MARCO, PRES. 4/7/99 954/963-2338

Date

Daytime Phone #

CR2E034 (11/98)