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 # P98000074276

1. Corporation Name

A.A.A. MARBLE & TILE, CORP

Principa	l Place	of Bus	iness

Mailing Address

2014 N.W. 2ND STREET **MIAMI FL 33125**

2014 N.W. 2ND STREET

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90099 043 ***150.00



MIAMI FL 33125	MIAMI FL 33125			DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualifed	
	1			08/25/1998	
2. Principal Place of Business	2a. Mailing Address			4 CEI Number	Applied For
2. Principal Place of Business 21 9014 NW ZY	26			- 59-353022	9 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	. City & State			6. Election Campaign Financing	\$5.00 May Be
City & State 23 Muaui Fi Pip 22121 Couptry	28			Trust Fund Contribution	Added to Fees
24 Eip 33 121 Country	Zip Co	ountry	,	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
ADADIOIO ANTONIO		81	Name		,
APARICIO, ANTONIO 2014 N.W. 2ND STREET		82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
MIAMI FL 33125		83			

resuant 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

84 City

office or n	egistered agent, or beth, in the State of Florida. Such change was auth m familiar with, and accept the obligations of, Section 607.0505, Florid	orized by the corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Julaun Jouen	egistered Agent signature re	required when rejectation
40	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		1.1 TITLE	☐ Change ☐ Addition
NAME	APARICIA Antonia DELETE POLY N. of 2nd 57 Mucon: FC 33125	1.2 NAME	
STREET ADDRESS	2014 N.W 2003	1.3 STREET ADDRESS	
CITY-ST-ZIP	Mucm. Fi 33125	1.4 CITY- ST-ZIP	
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	1
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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		34. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	_	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, of on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR

Daytime Phone #

Zip Code

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