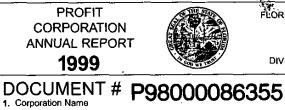
PROFIT CORPORATION ANNUAL REPORT

1999

MR. STONE, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90038 020 ***150.00

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Principal Place of Business Mailing Address									1 1881			IRIIA ÕIIAA IIIA	I MISEL BILL LABO	
3111 NW. 54TH TERRACE MARGATE FL 33063				3111 N.W. 54TH TERRACE MARGATE FL 33063					E DO NOT V	WRITE IN THIS	SPACE			
								f	3. Date Inco	rporated or Qual				Ţ
	•								10/08/1	998				Ì
2. Principal Pl	ace of Business		2a. Maili	ing Address					4. FEI Numb		4~2.]] Aj	oplied For	1
21 2890 NW 75 AVE			26						65.	-088 6	1516	N	ot Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				$\neg \neg$	- 0 - 40	-601 - 0 - 1-1		\$8.75	Additional	1	
22			27	27					5. Certificate	of Status Desire	d 🗆	Fee R	eguired]
City & State 23 MANGALE FL			City & State					Campaign Finance	ing 🖂		May Be to Fees			
Zip	7-7-2	Country	Zip				-	8. This corporation owes the current year Intangible				7		
24 33/	063 25	Browals	29		30				Personal I	Property Tax.		Yes	□No	_
	9. Name and	Address of Curren	t Registered	Agent					10. Name an	d Address of N	w Registered	Agent		4
0.05		N. 40= 00145+11/				81	Name						•	
CORPORATION SERVICE COMPANY						82	Street	Addres	s (P.O. Box Nu	umber is Not Acc	eptable)			1
1201 HAYS STREET TALLAHASSEE FL 32301-2525						Ц			<u> </u>					1
IALL	AHASSEE FL 3	2301-2525				83								-
						84	City		<u> </u>		FL	85 Zip	Code	1
office or re agent. I ar	egistered agent, o	of Sections 607.050 or both, in the State and accept the obliga	of Florida. Su	ich change was a	uthorized	d by t	the corp	oration'	ation submits the board of dire	his statement for ctors. I hereby a	the purpose of ccept the appoi	changing its ntment as re	registered egistered	7
SIGNATURE	Signature, typed or print	ed name of registered agen	nt and title if applica	able. (NOTE	Registered	Agent	t signature	required w	hen reinstating)	*	DATE] ;
12.		OFFICERS AN	D DIRECTOR	RS	13.				ADDITION	S/CHANGES TO	OFFICERS AN]
TITLE	D .		☐ DELETE 1.1 TIT		TLE					1:-	Change	☐ Addition	} :	
NAME	ribeiro, map		-		1.2 NAME			Ri	Beiro	MANCI	UO			
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CITY-\$T-ZIP	MARGATE FL	33063			1.4 Cf	TY-ST	-ZIP	MA	PRAKE	FL	<u>33065</u>]
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NAME				<u></u>	6.2 N	AME		1					_	ł
STREET ADDRESS					6.3 ST	TREET	ADDRESS	1						
STREET ADURESS						·								

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.