

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

TS ck # 1023

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000091104**

1. Corporation Name  
**TWIN STONE DESIGNS AND INSTALLATION, INC.**

0010010 0010035

SEARCHED INDEXED  
SERIALIZED FILED



Principal Place of Business  
6908 NW 169TH ST., UNIT F  
MIAMI FL 33015

Mailing Address  
6908 NW 169TH ST., UNIT F  
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/27/1998**

4. FEI Number  
**Applying for**

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

2. Principal Place of Business	2a. Mailing Address
21 <b>7064 SW 114 Place</b>	26 <b>7064 SW 114 Place</b>
Suite, Apt. #, etc. 22 <b>F</b>	Suite, Apt. #, etc. 27 <b>F</b>
City & State 23 <b>Miami, FL</b>	City & State 28 <b>Miami, FL</b>
Zip 24 <b>33173</b>	Zip 29 <b>33173</b>
Country 25 <b>USA</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent

**PARENTE, MAYRA L**  
6908 NW 169TH ST., UNIT F  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name **Luz Rodriguez**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7064 SW 114 Place**

83 **# F**

84 City **Miami**

85 Zip Code **FL 33173**

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]* DATE **2-25-99**

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PARENTE, MAYRA L</b>	
STREET ADDRESS <b>6908 NW 169TH ST., UNIT F</b>	
CITY-ST-ZIP <b>MIAMI FL 33015</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Luz Rodriguez</b>	
1.3 STREET ADDRESS <b>7064 SW 114 Place, #F</b>	
1.4 CITY-ST-ZIP <b>Miami, FL 33173</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

300002784913-0  
-02/23/99-01078-020  
\*\*\*158.75 \*\*\*158.75

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

*[Handwritten signatures and initials]*