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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name V21855 (4)

VALENTIN'S TILE AND MARBLE, INC.



Principal Place o		Mailing Address						
			DOAD					
4944 N PINE ISLAND ROAD LAUDERHILL FL 33351 LAUDERHILL FL 33351				j				
LAUDERHILL FL 33351		ENDERHILL 15 2000		3. Date Incorporated or Qualified 03/18/1992 3a. Date of Last Report 05/01/1995				
		2a. Mailing Address			4. FEI Number		Ā	Applied For
. Principal Plac	ce of Business	L "			65-0325995		1	Not Applicable
4944 N	Pine Island Rd Land	Suite, Apt. #, etc.			5. Certificate of Status Desired		· -	Additional
Suite, Apt. #,	, etc.	27			5. Certificate di Status Dos co		Fee F	Required
City & State		City & State			6. Election Campaign Financing			D May Be
		28		<u>-</u>	Trust Fund Contribution			to Fees
Zip	Country	Žip	Countr	У	8. This corporation has liability for	intangitile tax : 🔲 No	under s	199.002,
ī	25	29	30		Florida Statutes Yes 10. Name and Address of New F		gent	
	9. Name and Address of Curre	ent Registered Agent	81	Name	U. Name and Address of from t			
			Ľ.			-1-1		
IONCESCU, VALENTIN			8:	Street Addr	ress (P.O. Box Number is Not Acceptab	ole)		
4944 N F	PINE ISLAND ROAD		8:	3				
LAUDER	HILL FL 33351		L				ne 7	p Code
			8-	1		FL		•
	007.05	00 - 1007 1500 Florido Sta	tutos the above	I named como	ration submits this statement for the purify of directors. I hereby accept the app	rnose of cha	nging its i	registered offic
SIGNATURE _ 	Signature typed or printed name of registered as	polition the diapposition	NOTE Registered A.	yert signature require	ad when reisslating: ADDITIONS/CHANGES TO OF			DRS IN 12
12.	PVS	DELETE	1 1 7111				Change	Addition [
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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.

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-96 954-572-4545