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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V21855

VALENTIN'S TILE AND MARBLE, INC.

(4)

PROFIT

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FILED

May 12 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address						
			N PINE ISLAND ROAD FRHILL FL 33351-5314			
					3. Date Incorporated or Qualified 03/18/1992	3a. Date of Last Report 05/21/1996
2. Principal F	Place of Business	2a. Mailing Addres	s		4. FEI Number 65-0325995	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, e	tc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	le	City & State		· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Cour	itry	8. This corporation has liability for	
24	25	29	30		Florida Statutes	Yes 🔲 No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent
	ICESCU, VALENTIN			81 Name		
4944 N PINE ISLAND ROAD LAUDERHILL FL 33351			82 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
				B3		
				64 City		FL 85 Zip Code
11. Pursuant office or i agent 1 a	to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the c	.0502 and 607.1508, Florida State of Florida. Such change bligations of, Section 607.05	Statutes, the ab was authorized 05, Florida Statu	ove-named co by the corpor tes	rporation submits this statement for the pation's board of directors. I hereby accept	purpose of changing its registered pt the appointment as registered
SIGNATURE	Signature, typed or proted harde of registers					
12.		AND DIRECTORS	(NUTE: Registered	Agent signature req	julied when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIRECTORS IN 12
101 k F	PVS	DELE		F	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	IONCESCU, VALENTIN	_	1.2 NAI	1		
STREET ADDRESS 1904 SW 82ND AVE			EET ADDRESS			
CITY - ST - ZIP	N LAUDERDALE FL			(-ST-ZIP		
1Hruf		DELE				Change Addition
NAME			2.2 NAI	AE .		
STREET ADDRESS			2.3 STF	EET ADDRESS	•	
CHTY - ST - 7xP			2 4 01	Y-ST-ZIP	<u> </u>	
1.TLF		☐ DELE	TE 31 TATO	E T		Change
NAME:			3.2 NAJ	1E	•	
STREET ADDRESS			3.3 STA	eet address		
CHY-S1-7P				Y+ST-ZIP		
TITLE		☐ DELE				Change Addition
NAME			4. 2 NA			
STREET ADDRESS				EET ADDRESS		
COLY-ST-ZIP		☐ DELE		r-ST-ZIP		Observe Address
TITLE		L_J Util				Change Addition
NAME Otografiancoures			5.2 NA/			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIF TITLE		DELE		r-ST-ZIP		Change Addition
NAME				1		Change Addition
14-2051E	<u> </u>		6.2 NA	TE I		

6.4 CITY - ST - ZIP 14. I do 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

954-572-4545