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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 13 1998 8:00am Secretary of State

1998	DIVISION OF COR	PORATIONS	Secretary	of State
POCUMENT # KO18 ARCHITECTURAL STONE INCO	\ /			
				DIRN DIRN DIRN BIRN DIRN DIR
Principal Place of Business	Mailing Address		-{	I ETOLI BADA BADA DIDA DIDA ADDI
8859 S.W. 129 TERRACE	8859 S.W. 129 TERRACE			
MHAMM FL 33176	MIAM! FL 33176		DO NOT WRITE IN TI	HIS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Maiting Address		10/12/1987 4. FEI Number	T-72 : .5
2. Principal Place of Business	26. Mailing Address		65-0015358	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24 25 9. Name and Address of Cu	29 30		Personal Property Tax due June 30. 10. Name and Address of New Registe	XX Yes No
SADEGHI, ALI	To the state of th	81 Name	to. Harris alla Madios di Harri Hogisto	- Agont
15455 SW 82 COURT		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33157		63		
		84 City	ı	Zip Code
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.				se of changing its registered
agent. I am familiar with, and accept the o	bligations of, Section 607.0505, Florida	Statutes.	one bear a of allestone. Thereby accept the	appointment as registeres
SIGNATURE Signature, typed or privited name of registers	d agent and title if applicable. (NOTE: Re	gistered Agent signature require	od when reinstating) DA	TE .
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE DP NAME MAZOR, DAVID	DELETE	1.1 TITLE P/ 1.2 NAME S.A.	OFGHI ALL	Change Addition
STREET ADDRESS 9980 S.W. 130TH ST.		1.3 STREET ADDRESS 154	455 SW 82 COURT	
CITY-ST-ZIP MIAMI FL	V	1.4 CITY-ST-ZIP	IAMI FL 33157	
TITLE VSD	DELETE	2.1 TITLE	0 0 00 110	Change Addition
NAME SADEGHI, ALI		2.2 NAME	IZOR DAVID 57 NW 54 ST	
STREET ADDRESS 15455 SW 82 COURT ONLY-ST-ZIP MIAMI FL		2.3 STREET ADDRESS 79.	1AMI FL. 37166	1
TITLE TD	DELETE	3.1 TITLE	77777 7 3 3 7 7 0	Change Addition
NAME BUHLER II, EMIL		3.2 NAME		
STREET ADDRESS 2832 EMATHALA ST. CITY-ST-2IP MIAMI FL.		3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI PL	Decement of the second	3.4. CITY-ST-ZIP		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		į
CITY-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-\$1-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
MAME STREET ADDRESS		6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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.

SIGNATURE:

(306)471-0213