FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K39447 (3)

1. Corporation Name
CLASSIC CULTURED MARBLE, INC.

Principal Place of Business	Mailing Address
3705 SHARES PLACE, #1 RIVERIA BEACH FL 33404	3705 SHARES PLACE, #1 RIVERIA BEACH FL 33404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1988
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business	2a. Mailing Address
21 8300 CURRENCY DR.	26 8300 CURRENCY DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 RIVIERA BEACH · FL	City & State 28 RIVIERA BEACH · FL.
Zip 24 33404 Country 25 U·S·A·	Zip 29 33404 Country 30 U·S·A·

4. FEI Number: 65-0099122 ☐ Applied For ☐ Not Applicable

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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATEL, SAILESH 3705 SHARES PLACE, #1 IVERIA BEACH FL 33404	81 Name: PATEL SAILESH (SAME) 82 Street Address (P.O. Box Number is Not Acceptable): 8300 CURRENCY DRIVE. 83 84 City: RIVERA BEACH FL 85 Zip Code: 33404

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail-in filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	PATEL, SAILESH	12 NAME	
STREET ADDRESS	1727 KELSO AVENUE	13 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	PATEL, MAHESH	22 NAME	
STREET ADDRESS	1727 KELSO AVENUE	23 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL	24 CITY ST ZIP	
TITLE	DVS	31 TITLE	☐ Change ☐ Addition
NAME	PATEL, RAMANBHAI	32 NAME	
STREET ADDRESS	1727 KELSO AVENUE	33 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PATEL, RAMANBHAI	42 NAME	
STREET ADDRESS	1727 KELSO AVENUE	43 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: SAILESH PATEL. 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0244135 CP