

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 8:49

DOCUMENT # **P93000010997 (3)**

1. Corporation Name

JOMAR MARBLE & GRANITE CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9450 NW 13 ST BAY 64 MIAMI FL 33172 US	9450 NW 13 ST BOX 64 MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 9458 N.W. 13th ST.	26 9458 N.W. 13th ST	02/12/1993	04/26/1994
22 BAY 68	27 BAY 68	4. FEI Number	Applied For
23 MIAMI, FL	28 MIAMI, FL	65-0387334	Not Applicable
24 33172	25 USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			<input type="checkbox"/>
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
			<input type="checkbox"/>
		8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

HOLGUIN, JORGE L.
9450 NW 13TH ST.
BAY 64
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name	HOLGUIN JORGE L.
82 Street Address (P.O. Box Number is Not Acceptable)	9458 N.W. 13th ST
83	BAY 68
84 City	MIAMI
85 Zip Code	FL 33172

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 approver (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLGUIN, JORGE I
STREET ADDRESS	8511 NW 8 ST APT 201
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	HOLGUIN, VIOLETA M
STREET ADDRESS	8511 NW 8TH ST., APT. 201
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HOLGUIN, JORGE L.	
13 STREET ADDRESS	8511 N.W. 8th ST, APT 201	
14 CITY-ST-ZIP	MIAMI, FL, 33126	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: JORGE L. HOLGUIN PRESIDENT
 (Date) 04-07-95 (705) 477-6168