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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 28 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # P93000	010997 (3)			
	R MARBLE & GRANITE CORF	` ,		·	
:					A (
Principal Plac	e of Business	Mailing Address			###
9458 NW 131		9458 NW 13TH ST			
BAY 68	in si	BAY 68			
MAIMI FL 33	172	MIAMI FL 33172		DO NOT WRITE IN THIS	SPACE
US		US		3. Date Incorporated or Qualified	
6 Delevely at 0	Name of Division	Do Adulling Address		02/12/1993	
	tace of Business N.W 13 TH ST.	28. Mailing Address 26. 9330 N.W	13 TH ST	4. FEI Number 65-0387334	Applied For Not Applicable
Sulte Apt		26 7330 N.W Suite, Apt. #, etc.	1214 -4		\$8.75 Additional
22 30	16	27 BAY 16		5. Certificate of Status Desired	Fee Required
City & Stat		City & State	FLORIDA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33/	72 25 1) SA	^{2(ρ} 29 33) 72 3	Country SA	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible
	9. Name and Address of Current			10. Name and Address of New Registered	Agent
НС	DLGUIN, JORGE L	LGUIN, JORGE L.	•		
9458 NW 13TH ST BAY 68			82 Street Add	ress (P.O. Box Number is Not Acceptable)	PT PAY 11
	NMI FL 33172		83	שאופ אינו איז טפ	
	_	~	84 City	iami FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607 6582	and 607.1508, Florida Statutes			of changing its registered
office or r	egistered agent, or both in the state of	J-Florida, Such change was au ions of Section 607 0505. Flor	ithorized by the corpora ida Statutes	poration submits this statement for the purpose o tion's board of directors. I hereby accept the app	ointment as registered
	1 Ducelacte	TORGE	L HOLGUII	V all	6-98
SIGNATURE	Signature, whed of intered name of ingristered agent		Registered Agent signature requ	and the state of t	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS ANI	
TITLE	PD HOLOUIN IODOE I	☐ DELETE	1.5 TITLE		Change Addition
NAME	HOLGUIN, JORGE I		1.2 NAME		
STREET ADDRESS	9919 NW 29TH STREET MIAMI FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	VD VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	HOLGUIN, VIOLETA M	occess	2.2 NAME		El change El rication
STREET ADDRESS	9919 NW 29TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZiP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE			6.1 TITLE		C CHRIST CHRISTI
NAME OVERT ADDRESS			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		

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 received 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.

6.4 CITY - ST - ZIP

1. HOLGIN OLIVERO (205) 477-6168