

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 04 1996 8:00 am
Secretary of State

DOCUMENT # P93000051857 (9)

1. Corporation Name

MARBLE & WOOD PRODUCTS CORP.



Principal Place of Business

Mailing Address

~~400 SE 2ND STREET~~
~~17TH FLR~~
~~MIAMI FL 33131~~
US

~~400 SE 2ND STREET~~
~~17TH FLR~~
~~MIAMI FL 33131~~
US

2. Principal Place of Business

2a. Mailing Address

21 ~~100 SE 2nd Street~~ 5220 NW 72 Ave.

26 ~~100 SE 2nd Street~~ 5220 NW 72 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bay # 30

27 Bay # 30

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33166

25 Dade

29 33166

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDHOFF, JOHN H
400 SE 2ND STREET
17TH FLR
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

Signature, typed or printed name of registered agent as applicable

(NOTE: If a printed Agent Signature is required, when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PCDS			<input type="checkbox"/>
	SCHMID, PEDRO	5220 NW 72ND AVE., BAY NO. 30	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/96

(501) 598-1434

CR2E034 (12/95)