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

SIGNATURE:

FILED Apr 29 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P96000075495 (7) IMPERIAL STONE, CORP. Principal Place of Business Mailing Address 700 NW 111 PL #8 700 NW 111 PL #8 MIAMI FL 33172 MIAMI FL 33172-3789 3. Date Incorporated or Qualified 3a. Date of Last Report 09/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 700 NW. IUPL. #8 65-0692239 700 N. W. 111 PL Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing MIAMI, Fla Added to Fees 23 Trust Fund Contribution Country U.S.A. This corporation has liability for intangible tax under s. 199.032, U.S A. 33172 25 29 30 Fiorida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** ESPINOZA, JULIO C 700 NW 111 PL #8 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33172 B3** 84 City 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 Fiorida. Such change was full norized 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, Indica Statutes. typical or printed name of registered agent and trys if applicable itered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change 11 TITLE 1.04 NAME ESPINOZA, JULIO C 1.2 NAME STREET ADDRESS 700 NW 111 PL #8 1.3 STREET ADDRESS **MIAMI FL 33172** CHY-St-ZIP 1.4 City-ST-ZIP DELETE Addition Channe TITLE 2.1 TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CiTY - ST - ZiP CITY-\$1-7# DELETE 100,6 3.1 TITLE Change ___ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-\$1-ZIP $C(1,r+S^{\frac{1}{2}})\cdot 2(P$ DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET AUDRESS CITY - S1 - ZiP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE Change THUE 5.2 NAME NAM STREET ADDRESS 5.3 STREET ADDRESS 54 CITY - ST-ZIP CBy- \$1-76 DELETE Addition 6.1 TITLE Channe UH NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP 14. Too 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 doceiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name approar in Block 1.3 if charged or or the doceiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block in attachment with an address.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Priorie #