

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075495 (7)
 1. Corporation Name
IMPERIAL STONE, CORP.



Principal Place of Business 700 NW 111TH PL MIAMI FL 33172 US	Mailing Address 700 NW 111TH PL #8 MAIMI FL 33172 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
09/09/1996

21 17630 N.W 67 AVE Suite, Apt. #, etc. 1210 City & State MIAMI LAKES / FL Zip 33015 Country USA	22a. Mailing Address 17630 N.W 67 AVE Suite, Apt. #, etc. 1210 City & State MIAMI LAKES / FL Zip 33015 Country USA
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4. FEI Number
65-0692239
 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ESPINOZA, JULIO C
700 NW 111 PL #8
MIAMI FL 33172

10. Name and Address of New Registered Agent
 81 Name
ESPINOZA, JULIO C
 82 Street Address (P.O. Box Number is Not Acceptable)
17630 N.W 67 TH AVE # 1210
 83
 84 City
MIAMI LAKES FL 85 Zip Code
33015

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 **2/25/98**
Signature, typed or printed name of registered agent is not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/>
NAME	ESPINOZA, JULIO C	
STREET ADDRESS	700 NW 111 PL #8	
CITY - ST - ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	D/PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ESPINOZA, JULIO C		
1.3 STREET ADDRESS	17630 N.W 67TH AVE # 1210		
1.4 CITY - ST - ZIP	MIAMI LAKES, FL 33015		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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)(l), 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: _____ DATE: **02/15/98 (305) 557-9017**

CR2E034 (10/97)