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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **720127** **(0)**

1. Corporation Name

BROTHERHOOD OF MARBLE POLISHERS, INC.

Principal Place of Business	Mailing Address
~~1830 PONCE DE LEON BLVD.~~ ~~CORAL GABLES FL 33134~~	~~1830 PONCE DE LEON BLVD.~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 27-WEST SUNRISE BLVD	26 27 WEST SUNRISE BLVD
Suite, Apt. #, etc. 22 FORT LAUD FL.	Suite, Apt. #, etc. 27 FT. LAUD FL.
City & State 23	City & State 28 33311
Zip 24 33311 Country 25 USA.	Zip 29 Country 30 USA

5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MURPHY, DENNIS~~ ~~1830 PONCE DE LEON BLVD~~ ~~CORAL GABLES, FL~~ ~~33134~~	81 Name: GEORGE GARBARINO 82 Street Address (P.O. Box Number is Not Acceptable): 27- WEST SUNRISE BLVD 83 FT- LAUD. FL. 84 City: FL 85 Zip Code: 33311

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: George Garbarino (NOTE: Registered Agent signature required when reinstating) DATE: 4/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE: D	☐ Change ☐ Addition
NAME	MARTINEZ, RALPH	12 NAME: MARTINEZ, RALPH	
STREET ADDRESS	8510 NW 30TH PLACE	13 STREET ADDRESS: 8510 NW 30TH PLACE	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP: MIAMI, FL.	
TITLE	SD	21 TITLE: PSD	☑ Change ☐ Addition
NAME	~~MURPHY, DENNIS~~	22 NAME: GARBARINO, GEORGE	
STREET ADDRESS	~~1830 PONCE DELEON BLVD~~	23 STREET ADDRESS: 27 W-SUNRISE BLVD	
CITY-ST-ZIP	~~CORAL GABLES FL~~	24 CITY-ST-ZIP: FT. LAUD. FL. 33311	
TITLE	PD	31 TITLE: D	☐ Change ☑ Addition
NAME	GARBARINO, GEORGE J.	32 NAME: HART, ENOS	
STREET ADDRESS	27 W. SUNRISE BLVD.	33 STREET ADDRESS: 660 NW. 5TH ST. APT1104	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP: MIAMI · FL. 33128	
TITLE		41 TITLE:	☐ Change ☐ Addition
NAME		42 NAME:	
STREET ADDRESS		43 STREET ADDRESS:	
CITY-ST-ZIP		44 CITY-ST-ZIP:	
TITLE		51 TITLE:	☐ Change ☐ Addition
NAME		52 NAME:	
STREET ADDRESS		53 STREET ADDRESS:	
CITY-ST-ZIP		54 CITY-ST-ZIP: APT 5110	
TITLE		61 TITLE:	☐ Change ☐ Addition
NAME		62 NAME:	
STREET ADDRESS		63 STREET ADDRESS:	
CITY-ST-ZIP		64 CITY-ST-ZIP: DEPOSED BY 3/96	

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

SIGNATURE: George Garbarino GEORGE GARBARINO 4/17/95 (305)764-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041822