SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (9)H20881 MCC-MARBLE CERAMIC CENTER, INC. Principal Place of Business Mailing Address 3290 NW 79TH AVENUE 3290 NW 79TH AVENUE MIAMI FL 33122 MIAMI FL 33122 3. Date Incorporated or Qualified 3a. Date of Last Report 09/10/1984 05/01/1995 Applied For Mailing Address 2. Principal Place of Business Not Applicable 59-2468186 26 21 \$8.75 Additional Suite, Apt. #. etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s 199 032 Country Country Zip Florida Statutes Yes No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JR.Pa SANTOS, JOSE A., JR., P.A. Street Address (P.O. Box Number is Not Acceptable) 82 COURTHOUSE TOWER, 18TH FLOOR Biscayue 44 WEST FLAGLER STREET MIAMI FL 33130-1808 Zip Code 33/3/ 85 84 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 althoused 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 (NOTE: Registered Agent signature required when reinstating) (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition Change DELETE 1 1 TITLE TITLE CR2E034 1.2 NAME MONZON, JUAN CARLOS NAME 13 STREET ADDRESS 11340 SW 30 ST. STREET ADDRESS **MIAMI FL 33165** 14 CITY - ST-ZIP CITY-ST-ZIP Change ____ Addition DELETE 21 TITLE TITLE VPS 2.2 NAME MONZON, LIZBETH NAME 2 3 STREET ADDRESS STREET ADDRESS 11340 SW 30 ST. 2 4 CITY - ST - ZiP MIAMI FL 33165 CITY-ST-ZIP Change Addition DELETE 3.1 TULE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 HILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TILLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY - S1 - 7IP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP CITY - ST - ZIP 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 Statutos 1 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 with receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and nent with an address that my name appears in Block 1,

SIGNATURE: