

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J82042** (9)

1. Corporation Name

**MILANO MARBLE INC.**



Principal Place of Business

**3785 N.W. 79TH AVENUE  
MIAMI FL 33166  
US**

Mailing Address

**3785 N.W. 79TH AVENUE  
MIAMI FL 33166  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**06/30/1987**

3a. Date of Last Report

**05/01/1995**

4. FCI Number

**59-2814676**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BALSER, TOMAS  
3785 NW 79TH AVE  
MIAMI FL 33166**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** 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 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 of the person filing this statement on behalf of the corporation

Signature of the registered agent or the person filing this statement

(Date)

12. OFFICERS AND DIRECTORS

| TITLE     | NAME                      | STREET ADDRESS          | CITY-ST-ZIP     | <input type="checkbox"/> DELETE |
|-----------|---------------------------|-------------------------|-----------------|---------------------------------|
| <b>P</b>  | <b>BALSER, RAISA</b>      | <b>3785 NW 79TH AVE</b> | <b>MIAMI FL</b> | <input type="checkbox"/>        |
| <b>VS</b> | <b>BALSER, TOMAS, JR.</b> | <b>3785 NW 79TH AVE</b> | <b>MIAMI FL</b> | <input type="checkbox"/>        |
|           |                           |                         |                 | <input type="checkbox"/>        |
|           |                           |                         |                 | <input type="checkbox"/>        |
|           |                           |                         |                 | <input type="checkbox"/>        |
|           |                           |                         |                 | <input type="checkbox"/>        |
|           |                           |                         |                 | <input type="checkbox"/>        |
|           |                           |                         |                 | <input type="checkbox"/>        |

13.

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> 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"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAISA BALSERA** 02/14/96

305 594 8669

CR2E034 (12/95)