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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J82042

(9)

MILANO MARBLE INC.

Principal Place of Business Mailing Address										
3785 N.W. 79TH MIAMI FL 33160 US		3785 N.W. 79TH AVENUE MIAMI FL 33166-6513 US								
						3. Date incorporated or Qualified				
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2814676	Applied For Not Applicable			
Suite, Apt. # 22	t, etc	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Ζιρ 24	Country 25	Zip 29	Country 30				Yes	□ No	der s. 199,032,	_
	9, Name and Address of Cu	rrent Registered Agent				10. Name and Address of New A	agistered	Agent		_
	sera, tomas		81 Nar		Name					
	S NW 79TH AVE AI FL 33166			2	Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			6	3						
			84	4	City		FL	85	Zip Code	
office or re	o the provisions of Sections 607 egistered agent, or both, in the S n familiar with, and accept the o	Itate of Florida, Such chan	ge was authorized b	by t	the corporation	ration submits this statement for the n's board of directors. I hereby acce	purpose o	of chang pointmer	ing its registered nt as registered	ī
SIGNATURE										

groups, type dior page diname of register, alagent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change 101.5 BALSERA, RAISA NAME 12 NAME 3785 NW 79TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP Ciffy-S1-2if DELETE Change Addition TITLE 2 1 TITLE BALSERA, TOMAS, JR. 22 NAME 3785 NW 79TH AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2. 4 City - ST - ZiP CO3 - S1 - ZIP DELETE Change ■ Addition THLE 3 1 TITLE 3.2 NAME NAME **33 STREET ADDRESS** STREET ADDRESS 3.4. CITY - ST - ZIP CHY-SI-Za: DELETE Add tion Change TOUR 4.1 TITLE NAMi 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CH1Y - \$1 - 7IP DELETE Change Addition 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET AUGRESS 54 CITY-ST-ZIP \$117 - \$1 - 74° DELETE Change Addition 61 TITLE Title 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 indicared on this annual report or suppliemental 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 effective with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/97

FILED

Apr 15 1997 8:00am

Secretary of State

n karayan bada kakir kidik buluk bada kiri bark dibik badak bada biri birik birik birik birik birik birik birik

Day*me Phone # 0226363 (96/6)