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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DÍVISION OF CORPORATIONS

DOCUMENT # K20475

1. Corporation Name

INTERNATIONAL MARBLE COLLECTION OF FLORIDA, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90197 045 ***150.00



Principal Place of Business Mailing Address						
8830 N.W. 24 TERRACE 8830 N.W. 24 TERRACE						
MIAMI FL 33172 MIAMI FL 33172						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						03/29/1988
Principal Place of Business 2a, Mailing Address				_		4. FEI Number Applied For
21	200 0. 200000	<u> </u>	26			65-0051480 Not Applicable
Suite, Apt.	#_ etc.		Suite, Apt. #, etc.			\$8.75 Additional
22	.,	27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country Zip Cou			try		8. This corporation owes the current year Intangible
24	25	29 3	10			Personal Property Tax. Yes No
	g, Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent
	000 1401		ļ	81	Name	
MEUCCIO, VACAVI			-	82	Street Add	ress (P.O. Box Number is Not Acceptable)
8830. N.W. 24 TERRACE			լ			
MIAN	AI FL 33172		1	83		
				84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607,1508. Florida Statutes	the ab	I ove	-named corp	paration pulmits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Fronda Statutes, the above-instruction of 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
OFFICE OF DIRECTOR					it signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PVST	DELETE	1.1 1111			Change Addition
NAME	VALCAVI, MEUCCIO		1.2 NA			
STREET ADDRESS	8830 N.W. 24 TERRACE				ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CIT			
TITLE	MIDAM TE SOTTE	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NA	Æ	Ì	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	1233		ı	2.4 CITY-ST-ZIP		
TITLE	DELETE		3.1 TITLE		<u>`</u> -	☐ Change ☐ Addition
NAME	· •		3.2 NA		ļ	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	!		3.4. CIT			
0.11 0.1 2.1			4.1 TITL	_		☐ Change ☐ Addition
NAME	4.2		4. 2 NA	ME		
STREET ADDRESS			4.3 STF	REET	ADDRESS	
CITY-ST-ŽIP			4.4 CIT	Y-S1	r-zip	
TITLE			5.1 TFT			☐ Change ☐ Addition
NAME	52 N		5.2 NAM	Æ	}	
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	{		5.4 CIT	5.4 CITY-ST-ZIP		,
TITLE	C DECETE 641		6.1 T/TL	E		☐ Change ☐ Addition
NAME			6.2 NA	Æ		
STREET ADDRESS			6.3 STF	REET	ADDRESS	
CITY-ST-ZIP			6.4 CIT			
44 I hereby o	pertify that the information supplied	with this filing does not qualify for t	he exen	npti	on stated in	Section 119.07(3)(i), 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 offect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statyles; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE

PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR