

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

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L26056 (6)
1. Corporation Name
BRILLIANT MARBLE POLISHING, INC.



Principal Place of Business 2000 S. DIXIE HWY. #204 "A" COCONUT GROVES FL 33133	Mailing Address 2000 S. DIXIE HWY. #204 "A" COCONUT GROVES FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2000 S. DIXIE HWY Suite, Apt. #, etc. 22 # 100 City & State 23 COCONUT GROVE FL Zip 24 33133 Country 25 USA		2a. Mailing Address 26 2000 S. DIXIE HWY Suite, Apt. #, etc. 27 # 100 City & State 28 COCONUT GROVE FL Zip 29 33133 Country 30 USA		3. Date Incorporated or Qualified 10/27/1989		4. FEI Number 65-0218973 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent CONSTANTINO, SARROS 2000 S DIXIE HWY #204A COCONUT GROVE FL 33133 → NEW SUITE # →				10. Name and Address of New Registered Agent			

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 agent, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARROS, CONSTANTINO	1.2 NAME	
STREET ADDRESS	2000 S. DIXIE HWY. #204 "A"	1.3 STREET ADDRESS	2000 S. DIXIE HWY #100
CITY-ST-ZIP	COCONUT GROVES FL 33133	1.4 CITY-ST-ZIP	COCONUT GROVE FLA 33133
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARROS, CONSTANANTINO	2.2 NAME	
STREET ADDRESS	2000 S. DIXIE HWY. #204 "A"	2.3 STREET ADDRESS	2000 S. DIXIE HWY #100
CITY-ST-ZIP	COCONUT GROVES FL 33133	2.4 CITY-ST-ZIP	COCONUT GROVE FLA 33133
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALATIANOS, ELIZABETH	3.2 NAME	PABLO PEREZ
STREET ADDRESS	2000 S. DIXIE HWY. #204 "A"	3.3 STREET ADDRESS	2000 S. DIXIE HWY #100
CITY-ST-ZIP	COCONUT GROVES FL 33133	3.4 CITY-ST-ZIP	COCONUT GROVE FLA 33133
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Constantino Sarros (PD) 1-26-98 305-632-3600

CR2E034 (10/97)