

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martínez
Secretary of State
(703) 542-4000, (800) 342-3040

APPROVED
AND
FILED

95 MAY - 1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010344 (9)

1. Corporation Name

U.S. MARBLE AND GRANITE CORP.

Principal Place of Business

6980 BOTTLE BRUSH
MIAMI LAKES FL 33014

Mailing Address

6980 BOTTLE BRUSH
MIAMI LAKES FL 33014

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business

21 Suite Apt. # 100

26 Mailing Address

27 Suite Apt. # 100

City & State

23 City & State

28 City & State

24 Zip

29 Zip

30 Zip

3. Date Incorporated or Qualified 3a. Date of Last Report
12/09/1992 **05/01/1994**

4. FEI Number 5. Certificate of Status Desired
65-0402852 Applied For
 Not Applicable

6. Election Campaign Financing 7. This corporation has liability to the State of Florida under § 199.042, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

**DIAZ, GERARDO JR.
6980 BOTTLE BRUSH
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0402 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 607.0402, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITION/CHANGE TO OFFICERS AND DIRECTORS IN 12	
OFFICE	NAME	1. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1. NAME	1. NAME	
STREET ADDRESS	1. STREET ADDRESS	1. STREET ADDRESS	
CITY, ST, ZIP	1. CITY, ST, ZIP	1. CITY, ST, ZIP	
OFFICE	NAME	2. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2. NAME	2. NAME	
STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS	
CITY, ST, ZIP	2. CITY, ST, ZIP	2. CITY, ST, ZIP	
OFFICE	NAME	3. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3. NAME	3. NAME	
STREET ADDRESS	3. STREET ADDRESS	3. STREET ADDRESS	
CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP	
OFFICE	NAME	4. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4. NAME	4. NAME	
STREET ADDRESS	4. STREET ADDRESS	4. STREET ADDRESS	
CITY, ST, ZIP	4. CITY, ST, ZIP	4. CITY, ST, ZIP	
OFFICE	NAME	5. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5. NAME	5. NAME	
STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS	
CITY, ST, ZIP	5. CITY, ST, ZIP	5. 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)(b), Florida Statutes. I further certify that the information included in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and weight under oath that I am an officer or director of the corporation or the attorney 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, unchanged, or on an affidavit with my address.

SIGNATURE: X *Gerardo Diaz G. Diaz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

Editorial Note

004664

CP