FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
FILED
95 MAY -1 ... 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057169 (3)**

1. Corporation Name
ROGUE MARBLE PRODUCTIONS OF FLORIDA, INC.

Principal Place of Business
100 SOUTHEAST 32ND ROAD
MIAMI FL 33129-2807

Mailing Address
1080 N DELAWARE AVE
506
PHILADELPHIA PA 19125
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0448641	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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MINKIN, MICHAEL
9130 SOUTH DADELAND BLVD.
SUITE 1705
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Stewart A Merkin
82 Street Address (P.O. Box Number is Not Acceptable): Rivergate Plaza, Suite 300
83 444 Brickell Avenue
84 City: Miami 85 FL Zip Code: 33131

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: *Stewart A Merkin* 4-28-95
Signature, Name of Registered Agent, if Applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STALLONE, SYLVESTER
STREET ADDRESS	% 1080 N. DELAWARE AVENUE, SUITE 506
CITY-ST-ZIP	PHILADELPHIA PA 19125
TITLE	D
NAME	FILITI, ANTHONY
STREET ADDRESS	% 1080 N. DELAWARE AVENUE, SUITE 506
CITY-ST-ZIP	PHILADELPHIA PA 19125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: *Anthony J. Filiti* ANTHONY J. FILITI 4-28-95 215 739 3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477168 FP