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 # P93000078682 (0)

AMERICAN MARBLE AND GRANITE, INC.

Principal Place of Business Mailing Address								r 1884/886 (100 Salab Chill Salah Matif Balif Balif Ibalia Salif Ibalia dibat Ibalis Ibal				
5455 S.W. 8TH ST. 5455 S.W. 8TH ST.								1				
SUITE 205				SUITE 205								
MIAMI FL 33134 MIAMI FL 33134-2271								3. Date Incorporated or Qualified	Sa Da	te of Last R	Renort	
								11/15/1993		01/1996	NO POIL	
2. Principal Pla	ace of Busin	ess	2a.	Mailing Address				4. FEI Number	<u></u>		pplied For	
21				26				65-0460739 Not Applicable				
Suite, Apl. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22			27	27				8. Certificate of Status Desired	L <i>)</i>	Fee Re	equired	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be				
23				28				Trust Fund Contribution Added to Fees				
Zip		Country		Zip	\vdash	intry	,	8. This corporation has liability for in			i. 19 9.032,	
24	25 Name and Address of Current I		29			1		Florida Statutes Yes No 10. Name and Address of New Registered Agent				
g, Name and Address of Current Registered Agent						81	Name	10' utiling and vindlete of Mea Meditrateo Wiletit				
1	OOKI, HAN						710(1)0					
5455 S.W. 8TH ST.				82			Street Addr	ress (P.O. Box Number is Not Acceptable	e)			
SUITE 205 MIAMI FL 33134				83			<u> </u>					
MICT	MI LL 3313	•					<u> </u>					
						84	City		FL	85 Zip	Code	
11. Pursuant 1	to the provisi	ons of Sections 607.05	02 and 6	07.1508, Florida Statu	tes, the a	pove	e-named corp	poration submits this statement for the pr	urpose of	changing i	its registered	
office or re	egistered ag mifamiliar wil	ent, or both, in the Stat	e of Flori nations o	da. Such change was f. Section 607.0505. Fi	authorize Iorida Sta	d by tutes	y the corporat s.	poration submits this statement for the pition's board of directors. I hereby accep	t the app	ointment as	registered	
SIGNATURE		,		,							ļ	
SIGNATORE	Signature Type-d	or printed name of registered a			TÉ Registere	xd Age	ent signature requi	red when reinstating)	DATE		······	
12.		OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	D	LIAND		☐ DELETE	1.1 T					☐ Change	Addition	
NAME	BOLOOK				1,2 N							
STREET ADDRESS	5433 S.W MIAMI FL	/. 8 ST., STE. 205					ADDRESS					
CITY-ST-7IP	D MICAMI FL	. 33137		DELETE	1.4 C 2.1 T		ST-ZIP		·····	☐ Change	Addition	
7111.6	_	DUBUNEH		C) precit						C) Ollandic	L. Addition	
NAME	JAHANN DORDANEH 2560 TIGERTAIL AVE. # 2			2.2 N			r imporce					
STREET ADDRESS	MIAMI FL						ADDRESS		,			
CITY - ST - ZIF'	inicani f L			DELETE	311		ST-ZIP			Change	Addition	
NAME					3.2 N							
STREET ADDRESS							T ADDRESS					
CITY-S1-ZIF							ST-ZIP					
TILE	·			DELETE	4.11		n			Change	Addition	
NAME]					4.21	NAME						
STREET ADDRESS					4.3 \$	TREET	T ADDRESS					
017Y-ST-7P					440	ITY-5	ST-ZIP					
THLE				☐ DELETE	517	ITLE	7			Change	☐ Ad dition	
NAME					52 N	IAME						
STREET ADDRESS					5.3 \$	TREET	F ADDRESS					
CHY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,			5.40	ity-s	ST-ZIP				- <u> </u>	
TILE				DELETE	6.11	ITLE				Change	Addition	
NAME					6.2 N	IAME						
STREET ADDRESS					6.3 S	TREET	T ADDRESS					
1 CHY ET 210 1	l				640	1TV_0	2T. 710					

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 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:

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1128197

8588 Phillips

FILED

May 07 1997 8:00am

Secretary of State

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