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

2a. Mailing Address

City & State

Zip

27

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #. etc.

City & State

21

22

23 Zip

24

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078918 (8)

GRANITE & MARBLE DESIGNS, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|--------------------------|
| 3470 SW 15TH ST | 3470 SW 15TH ST |
| DEERFIELD BEACH FL 33442 | DEERFIELD BEACH FL 33442 |

Country

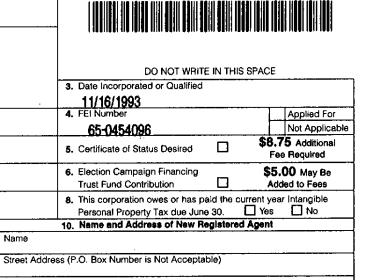
9. Name and Address of Current Registered Agent

25

DEERFIELD BEACH FL 33442

ROMAY, MARIO 3470 SW 15 ST

FILED Mar 03 1998 8:00am Secretary of State



SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition DELETÉ 1.1 THILE Change D TITLE ROMAY, MARIO N 1.2 NAME NAME 3470 SW 15TH ST STREET ADDRESS 1.3 STREET ADDRESS DEERFIELD BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

Country

81

83 84

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.

Name

30

14. Thereby 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 apport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on in automation with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

19511100-MIS

2 102/00

Change

☐ Addition

Zip Code