


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

APPROVED  
AND  
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1997 AUG 28 PM 12: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P 94000048890 1. Corporation Name <b>ROLANDO MARBLE &amp; TILE CORP</b> WA7-12879					
Principal Place of Business 925 Codadad Street Opa Locka Fl 33054			Mailing Address 925 Codadad Street Opa Locka Fl 33054		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0501768		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DOMINGUEZ, ROLANDO 925 Codadad Street Opa Locka Fl 33054				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			

11. I, the undersigned, 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 X Junior A. Dominguez DATE 8/30/97  
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input type="checkbox"/> DELETE				11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME DOMINGUEZ, ROLANDO				12 NAME 100002280421			
STREET ADDRESS 1030 Opa Locka Blvd				13 STREET ADDRESS -08/28/97 -01124-015			
CITY-ST-ZIP Opa Locka Fl 33054				14 CITY-ST-ZIP *****565.00 *****565.00			
TITLE VD <input type="checkbox"/> DELETE				21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME DOMINGUEZ, ROLANDO JR				22 NAME			
STREET ADDRESS 925 Codadad Street				23 STREET ADDRESS			
CITY-ST-ZIP Opa Locka Fl 33054				24 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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: X Junior A. Dominguez DATE 8/30/97 DAYTIME PHONE # 685-6676  
(NOTE: Signature and typed or printed name of signing officer or director)