FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000034271 (3)**

1. Corporation Name

THE BRAZILIAN STONE CONSORTIUM INC.

Principal Place of Business	Mailing Address
12229 S.W. 131ST AVENUE MIAMI FL 33186	12229 S.W. 131ST AVENUE MIAMI FL 33186

3. Date Incorporated or Qualified: 05/02/1995
3a. Date of Last Report:

2. Principal Place of Business	21	10265 SW 130 Ct.	
Suite, Apt. #, etc.	22		
City & State	23	Miami, Florida	
Zip	24	33186	
Country	25	USA	
2a. Mailing Address	26	10265 SW 130 CT.	
Suite, Apt. #, etc.	27		
City & State	28	Miami, Florida	
Zip	29	33186	
Country	30	USA	

4. FEI Number: 65-0578681 ☐ 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

9. Name and Address of Current Registered Agent

LUTEIN, ROBERTO
10265 S.W. 130TH COURT
MIAMI FL 33186-2329

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☒ Change ☐ Addition
TITLE	PSTD		1.1 TITLE	PSTD	
NAME	LEAO, IRTON		1.2 NAME	Leao , Irton	
STREET ADDRESS	12229 S.W. 131ST AVE.		1.3 STREET ADDRESS	10265 Sw 130 Ct.	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	MIami, Fl. 33186	
TITLE	REGISTERED AGENT-DIRECTOR	☐ DELETE	2.1 TITLE	REGISTERED AGENT-DIRECTOR	☐ Change ☐ Addition
NAME	ROBERTO LUTEIN		2.2 NAME	ROBERTO LUTEIN	
STREET ADDRESS	10265 SW 130 CT		2.3 STREET ADDRESS	10265 SW 130 CT	
CITY-ST-ZIP	MIAMI FL 33186-2329		2.4 CITY-ST-ZIP	MIAMI FL 33186-2329	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	600001800858	☐ Change ☐ Addition
NAME			4.2 NAME	-04/30/96--01032--017	
STREET ADDRESS			4.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SG 4-29-96	

CR2E034 (12/95)

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)(k), 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: _____ Roberto Lutein 3/22/96 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Registered Agent — Date — Daytime Phone #: 385-5106