SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 23 1998 8:00am * **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000065709 (4) EMPIRE DECO STONE INC. Principal Place of Business Mailing Address 2769 S.W. 27TH AVE 2769 S.W. 27TH AVE MIAMI FL 33133 MIAM! FL 33133 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0607408 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Žip Country County Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent OYHENART, DANIEL 2769 SW 27 AVE Street Address (P.O. Box Number Is Not Acceptable) MIAMI FL 33133 City Zip Code Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the abie-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized 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 States. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registe Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (5/98) PSTD TITLE 1.1 Til DELETE Change Addition OYHENART, DANIEL 1.2 N NAME 2761 S.W. 27TH AVE 1.3 SET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 OBT-ZIP 2.1 TI TITLE DELETE Change Addition 2.2 Ni NAME 2.3 SET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 OST 2# 3171 TITLE DELETE Change Addition 3 2 No NAME STREET ADDRESS 3.3 STI ADDRESS CITY-ST-ZIP 3.4 CIT-ZIF 4.1 TI TITI F DELETE Change Addition 4 2 NA NAME STREET ADDRESS 4.3 STIADDRESS CITY-ST-ZIP 4.4 CI*-ZIP TITLE DELETE 5.1 TI Change Addition NAME 5.2 N STREET ADDRESS 5.3 ST ADDRESS CITY-ST-ZIP 5.4 Q -ZIP 6.1 T TITLE DELETE Change Addition NAME 6.2 1 6.3 \$F ADDRESS STREET ADDRESS 6.4 /T-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exem 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 my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation on the receiver of trustee empowered to executs 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:

7-16-98

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