

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # P95000082975 (0)
 1. Corporation Name
ETERNAL STONE, INC.



Principal Place of Business Mailing Address
9651 SOUTHWEST 77 AVENUE, UNIT E104 MIAMI FL 33156 **9651 SOUTHWEST 77 AVENUE, UNIT E104 MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
10/30/1995

2. Principal Place of Business 2a. Mailing Address
 21 **10260 S. KENDALE BLVD** 27 **10260 S. KENDALE BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 28 **MIAMI, FL**
 23 **MIAMI, FL** 29 **MIAMI, FL**
 City & State City & State
 24 **33176** 25 **USA** 30 **33176** 31 **USA**
 Zip Country Zip Country

4. FEI Number **65-0617525** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
PRADO, ADOLFO
9651 S.W. 77TH AVENUE
E-104
MIAMI FL 33156

10. Name and Address of New Registered Agent
 81 Name **PRADO, ADOLFO**
 82 Street Address (P.O. Box Number is Not Acceptable) **10260 S. KENDALE BLVD.**
 83
 84 City **MIAMI** FL 85 Zip Code **33176**

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 **ADOLFO PRADO** DATE **1/22/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRADO, ADOLFO	
STREET ADDRESS	9651 SOUTHWEST 77 AVENUE, UNIT E104	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PARRA, MANUEL A	
STREET ADDRESS	9651 SOUTHWEST 77 AVENUE, UNIT E104	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	YLLANES, ALEXIS	
STREET ADDRESS	9651 SOUTHWEST 77 AVENUE, UNIT E104	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRADO, ADOLFO	
1.3 STREET ADDRESS	10260 S. KENDALE BLVD.	
1.4 CITY-ST-ZIP	MIAMI, FL 33176	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PARRA, MANUEL A.	
2.3 STREET ADDRESS	10260 S. KENDALE BLVD	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	
3.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	YLLANES, ALEXIS	
3.3 STREET ADDRESS	10260 S. KENDALE BLVD.	
3.4 CITY-ST-ZIP	MIAMI, FL 33176	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: **ADOLFO PRADO** DATE: **1/22/98**

CR2E034 (10/97)