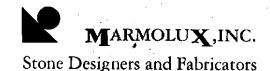
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 RROFIT CORPORATION ANNUAL REPOR 97 OCT 24 M 9: 37 1997 SECRETARY OF STATE DOCUMENT # P MALLARASSEE FLORIDA MARMOLUX INC Principal Place of Business Mailing Address 1322 SO KILLIAN DR. DESCIPCO 44 rated or 19 after LAKE PARK FL, 33403 3a. Date of Last Report JULY 29 , 1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Suite, Apt. #, etc. SAME 65-0641039 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SAME City & State Fee Required 27 SAME \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution П Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Marie-LUISE Luciano
Street Address (P.O. Box Number is Not Acceptable) Cristina Lolli 82 701 Seafarer Cir. # 401 83 N/A 84 City Zip Code of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered and alcept the obligations of, Section 607.0505, Florida Statutes. \*SIGNALIJRE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE 1.1 TITLE \_\_ Change \_\_\_ Addition MARIANNA LO DUCA NAME 1.2 NAME STREET ADDRESS PRESIDENT 1322 so killian dr 1.3 STREET ADDRESS CITY-ST-ZIP LAKEPARK FL 33403 1.4 CITY - ST - ZIP Addition DELETE TITLE 21 TITLE SECRATARY 2.2 NAME NAME ANTHONY CSASZAR --01008---013 STREET ADMRESS 23 STREET ADDRESS 1322 So. Killiandr. \*\*\*\*365.00 \*\*\*\*365.00 ÇITY-ŞT-2 4 CITY - ST - ZIP Lake Paril, fl. Delete TITLE 3.1 THILE Change Addition NAME 🌯 33403 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 41 HILE Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 DILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - 2IP DELETE TITLE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6 4 C/TY - \$1 - 2)P 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 planged, or on an attachment with an address.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
SEANDRA B. MORTHAM
SECRETARY OF STATE
DIVISION OF CORPORATIONS

P.O.BOX 6327° TALLAHASSEE, Ft. 32314

Huly 29-1997

RE.: LETTER NUMBER 897A00034602

DEAR MR. TREVOR BRUMBLEY

WE RECEIVED YOUR LETTER AND WE LIKE TO COMMENT ON THIS.

OUR DOCUMENT FOR "MARMOLUX, INC. " WAS ACCOMPANIED WITH A CHECK AND MORE CORRESPONDENCE IN THIS MATTER.

FIRST OF ALL WE NEVER RECEIVED FILING DOCUMENTS IN THE FIRST PLACE. WE HAD TO CALL ASSISTANCE TO GET THE FILING DOCUMENTS. IT IS NOT OUR NEGLIGENCE OR FAULT IF WE DID NOT FILE IN TIME AND WE DO NOT THINK, THAT YOU CAN ADMINISTRATIVELY DISSOLVE "MARMOLUX, INC."

WE ARE SENDING FILING DOCUMENT BACK WITH THE INFORMATION OF OUR REGISTERED AGENT, WHAT WE WERE NOT ASKED IN THE FIRST PLACE.
PLEASI CONSIDER OUR SITUATION AND ACCEPT OUR APPLICATION AND CHECK.

THANK YOU

ANTHONY GEASTAR SECRETAR