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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P96000058182 (2)
1. Corporation Name
DEMED TILE & MARMOL CORP.

Principal Place of Business
540 N.W. 96TH STREET
MIAMI FL 33150

Mailing Address
540 N.W. 96TH STREET
MIAMI FL 33150-1915



2. Principal Place of Business 21 540 NW 96 ST Suite, Apt. #, etc.		2a. Mailing Address 26 540 NW 96 ST Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/10/1996		3a. Date of Last Report	
22 City & State 23 miami Florida		27 City & State 28 miami FL		4. FEI Number 650606908		Applied For Not Applicable	
24 33150		25 Dade		29 33150		30 Dade	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent CASTRO, DEMETRIO 540 N.W. 96TH STREET MIAMI FL 33150				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	NAME	CASTRO, DEMETRIO	1.1 TITLE	PTD	1.2 NAME	CASTRO Demetrio
STREET ADDRESS	540 N.W. 96TH ST.	CITY-ST-ZIP	MIAMI FL 33150	1.3 STREET ADDRESS	540 NW 96 ST	1.4 CITY-ST-ZIP	miami FL 33150
TITLE	VP	NAME	CASTRO, EDWIN	2.1 TITLE	VP	2.2 NAME	Castro Edwin
STREET ADDRESS	540 N.W. 96TH ST.	CITY-ST-ZIP	MIAMI FL 33150	2.3 STREET ADDRESS	540 NW 96 ST	2.4 CITY-ST-ZIP	miami FL 33150
TITLE	SD	NAME	CASTRO, GLORIA	3.1 TITLE	SD	3.2 NAME	Castro Gloria
STREET ADDRESS	540 N.W. 96TH ST.	CITY-ST-ZIP	MIAMI FL 33150	3.3 STREET ADDRESS	540 NW 96 ST	3.4 CITY-ST-ZIP	miami FL 33150
NAME		STREET ADDRESS		4.1 TITLE		4.2 NAME	
CITY-ST-ZIP				4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP				6.1 TITLE		6.2 NAME	
NAME		STREET ADDRESS		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP				100002165671 -05/05/97--01040--054 ***165.00			

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: [Signature]

CR2E034 (9/96)