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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 7960000 7386

Domingo's Marble, Inc.

FILED Jun 16 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		
1332 Wel	2 Wyndcliff Dr. lington, FL 33414	1332 Wyr Welling	ndcliff Dr. ton, FL 334	1.4
1101.	111190011, 111 00414	nerrang	con, 15 551.	3. Date Incorporated or Qualified 3a. Date of Last Report
				Sept. 3, 1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0744818 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		SB 75 Additional
22	, -··	27		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes 🔀 Yes 🗌 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
, , , , , , , , , , , , , , , , , , ,			81 Name	and D Willeria
Raymond R. Rex, Jr. Alired				redo E. Villacis ddress (P.O. Box Number is Not Acceptable)
			2 Wyndeliff Dr.	
Suite #10				
	nton Beach, Fl 33	136	<u> </u>	
POAI	icon Beach, Fr 33	430	84 City	lington FL 85 Zip Code 33414
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508. Florida Ste	itutes, the above-named of	corporation submits this statement for the purpose of changing its registered
office or r	register d agent, or both, in the State of	of Florida, Such change wa	as authorized by the corp	oration's board of directors. I hereby accept the appointment as registered
I -	7 .			Wino 16-7-97
SIGNATURE	Signature, typed or printed name of rog stered agen		NOTE: Registered Agent signature	
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P,S,T,D	DELETE	1.1 TITLE	Change Addition
NAME		-1-	1 2 NAME	<u>-</u>
STREET ADDRESS	Alfredo E. Villa		13 STREET ADDRESS	
	1332 Wyndcliff D		1.4 City-SI-ZiP	
City-St-ZIP Title	Wellington, FL 3	3414 DELETE	21 TITLE	Change Addition
NAME			2.2 NAME	tund a sun of the state of
			2.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY - ST - ZIP 3 1 THLE -	Change Addition
NAME		_ 5000	32 NAME	
			33 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	34. CITY-ST-ZIP 41 TITLE	Change Addition
NAME			4 2 NAME	
			4.3 STREET ADDRESS	
STREET ADDRESS				
CITY - ST - ZIP		DELETE	4 4 CHY - S1 - ZIP	Change
TITLE			5.1 TITLE	A// Li Ciange Li Apoliton
NAME			5.2 NAME	<10/1/0/97
STREET ADDRESS			5.3 STREET ADDRESS	1/14/11
CITY-ST-ZIP		Driese	5.4 CITY - ST - 7IP	
TITLE		☐ DELF1Ē	G 1 TITLE	[] Change L] Addition
NAME			6.2 NAME.	900002214299 -06/17/9701034020
STREET ADDRESS			63 STREET ADDRESS	***165.00
CITY-ST-ZIP	<u> </u>	201 41:25 422	6.4 C-1Y - S1 - ZIP	
I 14 Ido berel	by certify that the information supplied	with this bling does not at	ality for the exemption sta	ated in Section 119.07(3)(i). Florida Statutes. I further certify that the

red interest sensy that the intermental supplied with this time does not quality for the exemption stated in Section 118.07(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 eath; 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.

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