

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094901 (1)

1. Corporation Name

IMPERIAL MARMOL & GRANITE, INC.

Principal Place of Business

Mailing Address

1761 NW OPA LOCKA BLVD.
MIAMI FL 33055

1761 NW OPA LOCKA BLVD.
MIAMI FL 33054-4221



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/18/1996	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	05-0708911	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OLIVA, ELENA 1761 NW OPA LOCKA BLVD. MIAMI FL 33055		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 type J for 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	DP	1.1 TITLE	
NAME	OLIVA, FRANCISCO	1.2 NAME	
STREET ADDRESS	74 E. 57 ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL 33013	1.4 CITY- ST- ZIP	
TITLE	DV	2.1 TITLE	
NAME	OLIVA, ELENA	2.2 NAME	
STREET ADDRESS	74 E. 57 ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL 33013	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

4/23/97

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***165.00

SIGNATURE:

Elena Oliva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-97 681-4434