

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

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000097801 (0)

1. Corporation Name  
LUIGI MAZZINI MARBLE, INC.

Principal Place of Business 1840 WEST 49TH STREET SUITE 605 HIALEAH FL 33012	Mailing Address 1840 WEST 49TH STREET SUITE 605 HIALEAH FL 33012
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/27/1996
4. FEI Number 65-0804201 <input checked="" type="checkbox"/> Applied For <del>APPLIED FOR</del> Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

~~MAZZINO, EDUARDO~~  
1840 WEST 49TH STREET  
SUITE 605  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name EDUARDO MINGUILLON
82 Street Address (P.O. Box Number is Not Acceptable) 5640 COLLINS AVENUE APT #6D
83
84 City MIAMI BEACH FL 85 Zip Code 33140

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 EDUARDO MINGUILLON - PRESIDENT

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE D NAME <del>MAZZINO, EDUARDO</del> STREET ADDRESS <del>3840 COLLINS AVE., 6D</del> CITY-ST-ZIP <del>MIAMI BEACH FL</del>	<input checked="" type="checkbox"/> DELETE
---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
--	---------------------------------

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D 1.2 NAME EDUARDO MINGUILLON 1.3 STREET ADDRESS 5640 COLLINS AVENUE #6D 1.4 CITY-ST-ZIP MIAMI BEACH, FL. 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	--

2.1 TITLE V.P. 2.2 NAME ALBERTO D. DI CATARINA 2.3 STREET ADDRESS 1409 ALGARDI AVE 2.4 CITY-ST-ZIP CORAL GABLES, FL. 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
---	--

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(a), 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: EDUARDO MINGUILLON - PRESIDENT

2/3/98

(305)3623521

CR2E034 (10/97)