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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700009030 1. Corporation Name

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90018 006 ***150.00

	MARBLE & GRANITE, INC.							
Principal Place	of Business	Mailing Address						
13200 KEYSTONE TERRACE 13200 KEYSTONE TERRACE								
NORTH MIAMI FL 33181		NORTH MIAMI FL 33181		DO NOT W	RITE IN THIS	SPACE		
TOTAL TOTAL		•			3. Date Incorporated or Qualif			
					01/24/1997			
					4 FEI Number		App	lied For
2. Principal Place of Business		2a. Mailing Address			65-0744124		Not	Applicable
21		Suite, Apt. #, etc.		<u> </u>	 		\$8.75 A	dditional
Suite, Apt. #	#, etc.	├ ─			5. Certifcate of Status Desired	[;]	Fee Rec	quired
22		City & State			6. Election Campaign Financi	ng []	\$5.00	May Be
City & State		├ ─ , '			Trust Fund Contribution		Added to	Fees
23	Country	Zip	Country		8. This corporation owes the	current year in	tangible	
Zip	Country	29 30	i .		Personal Property Tax.		⊔Yes _A	KN0
24	9. Name and Address of Current		'		10. Name and Address of Ne	w Registered	Agent &	
	9. Name and Address of Current		81	Name				
ΔΙΔΙ	MEDA, SONIA	•		Chroat Addr	ess (P.O. Box Number is Not Acc	eptable)		
13200 KEYSTONE TERRACE			82	Street Addi	and the second s			
	TH MIAMI FL 33181		83	i				
""	illi matan i z oo io .		_		- 25 th 1 (書き作 <i>ま</i>) 	<u> </u>	85 Zip C	Code
			84			Fl	1 1	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statutes, of Florida. Such change was autt tions of, Section 607.0505, Florid	, the abov norized by la Statutes	the corporations.	on's board of directors. I hereby a	ccept the appo	ointment as re	gistered
1								
SIGNATURE		AIOTE. B.				DATE		
SIGNATURE	Signature, typed or printed name of registered ager	K 40/10 1	egistered Age		d when reinstating)	DATE		DRS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS	egistered Age		d when reinstating). ADDITIONS/CHANGES TO	DATE		DRS IN 12
	Signature, typed or printed name of registereo ager OFFICERS AN	K 40/10 1	egistered Age	ent signature require	d when reinstating)	DATE	ND DIRECTO	DRS IN 12
12.	Signature, typed or printed name or registered ager OFFICERS AN PTD ALAMEDA, SONIA	ID DIRECTORS	13. 1.1 TITLE	ent signature require	d when reinstating). ADDITIONS/CHANGES TO	DATE	ND DIRECTO	DRS IN 12
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14. I 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 of the receiver of 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 attactor and the same legal effect as if made under oath; that I am an 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 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 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 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 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 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 indicated on this annual report of the corporation of the corpora

SIGNATURE: