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

**PROFIT** CORPORATION 1 ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000073301**1. Corporation Name

BRAZILIAN MARBLE & GRANITE CORP.

| Principal Place  | e of Business  | Mailing Address  |  |   | 1 (201104) 210 (01)1 (00) 00(() 00                    | *** 38*** 38*** 18 | 11100 1111 3                   |  |     |
|--|--|--|--|---|---|--------------------|--------------------------------|--|-----|
| 12864 BISCAYN  | IE BLVD.   | 12864 BISCAYNE BLVD.   |  |   |   |                    |                                |  |     |
| UNIT 181   |  | UNIT 181   |  | DO NOT WRITE IN THIS SPACE  |   |                    |                                |  |     |
| NORTH MIAMI FL 33181   |  | NORTH MIAMI FL 33181   | NORTH MIAMI FL 33181   |   | 3. Date Incorporated or Qualifed                      |                    |                                |  |     |
|  |  |  |  |   | 08/25/1997  |                    |                                |  |     |
| 2 Principal P  | Place of Business  | 2a. Mailing Address  |  | ·- <del>-</del>   | 4. FEI Number   | ·                  | Apr                            | olied For                                    | 7.0 |
| 2.7 Fillicipal Flace of Business   |  | 26   |  |   | 65-0776316  |                    | Not                            | Applicable                                   | 3   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  | 5. Certifcate of Status Desired   |   | \$8.75 A           |                                | - 1  |     |
| 22   |  | 27   |  |   | 5. Continents of States Doorse                        |                    | Fee Re                         | <u> </u>                                     |     |
| City & State   |  | City & State   |  | 6. Election Campaign Financing  |   | \$5.00             |                                |  |     |
| 23   |  | 28   |  | ·   | Trust Fund Contribution                               |                    | Added to                       | Fees   |     |
| Zip  | Country  | Zip  | Coun   | try   | 8. This corporation owes the curr                     |                    |                                | □No  |     |
| 24   | 25   |  | 30   |   | Personal Property Tax.  10. Name and Address of New I |                    |                                |  |     |
|  | 9. Name and Address of Current   |  |  | 81 Name   | 10. Name and Address of New I                         | redisinien y       | Beur.                          |  |     |
| VFTC   | RILAWYER CHARTERED   | 家民意 Na. A. 一进 1  |  | VI NOITE  |   |                    | <del> </del>                   |  |     |
|  | ALMERIA AVENUE   |  |  | 82 Street Addr  | ress (P.O. Box Number is Not Accept                   | able)              |                                |  |     |
|  | RAL GABLES FL 33134  | % \$s.   | · · ·  | 83  | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1               |                    | <b>60</b> (115 (115)           | 55 4 89                                      |     |
| . 001  | THE CHEEC'TE COTOT   |  |  | · ·   |   |                    | P. I de Cin                    | alfi ha bik                                  |     |
|  |  |  |  | 84 City   | The second section is                                 | F1                 | * 85 Zip C                     | Code ' ' ' ' '                               |     |
| 11. Pursuant   | to the provisions of Sections 607.0502   | 2 and 607,1508, Florida Statutes   | s, the ab  | ove-named corp  | poration submits this statement for the               | nt the annoin      | tmost as to                    | ristered                                     |     |
|  | registered agent, or both, in the State of am familiar with, and accept the obligated agent states, typed or printed name of registered agent states.  | of Florida. Such change was autitions'of; Section 607.0505, Floridation of the ideal of the idea | ida Statu  |   | ad when reinstating)                                  | DATE               |                                |  |     |
| office or use of the second of | registered agent, or both, in the State of manifer with, and accept the obligated signature, typed or printed name of registered agent of FICERS AN  | of Fronda, Such change was autitions of; Section 607:0505, Florid it and title if applicable. (NOTE: F   | Registered   | tes.  | ad when reinstating) t ADDITIONS/CHANGES TO OF        | DATE               | D DIRECTO                      | RS IN 12                                     |     |
| SIGNATURE  12.   | registered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN   | of Florida. Such change was autitions'of; Section 607.0505, Floridation of the ideal of the idea | Registered /   | des.  | ad when reinstating)                                  | DATE               |                                |  |     |
| SIGNATURE  12.  TITLE  NAME  | registered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD VITALI, FERNANDO   | trand title if applicable. (NOTE: F  | Registered / 13.   | Igent signature require   | ad when reinstating) t ADDITIONS/CHANGES TO OF        | DATE               | D DIRECTO                      | RS IN 12                                     |     |
| SIGNATURE  12.   | registered agent, or both, in the State of mainliar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN PD VITALI, FERNANDO 12864 BISCAYNE BLVD. UNIT   | trand title if applicable. (NOTE: F  | Registered A  1.1 TITI 1.2 NAI 1.3 STF   | Agent signature require  LE  ME  REET ADDRESS   | ad when reinstating) t ADDITIONS/CHANGES TO OF        | DATE               | D DIRECTO                      | RS IN 12                                     |     |
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CITY-ST-ZIP 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

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**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90007 026 \*\*\*150.00