FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000040175

STAR MARBLE USA, INC.

017117111111111111111111111111111111111								
Principal Place of Busin	ness	Mailing Address					111 61611 6616 1 11611	
3971 SW 8TH STREET 3971 SW 8TH STREE								
STE 305 STE 305						DO NOT WRITE IN TH	IS SPACE	
MIAMI FL 33134 MIAMI FL 33134			•			3. Date Incorporated or Qualifed		,
						05/04/1998		
2. Principal Place of B	usiness	2a. Mailing Address				4. FEI Number	Ар	plied For
21	43111033	26			-	- 65-0843389	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional		
22		27		5. Certificate of Status Desired	Fee Re	quired		
City & State	City & State	City & State		6. Election Campaign Financing	\$5.00			
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	4		8. This corporation owes the current year		
24	25		30			Personal Property Tax.	☐ Yes	□No
9. Na	me and Address of Curren	t Registered Agent			Nt	10. Name and Address of New Registere	a Ağenı	
DIAZ DEDCA	IEC CAPDIEI		81		Name			
DIAZ-BERGNES, GABRIEL 3971 SW 8TH STREET			82	! 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STE 305	u Siveei		83	\perp				
MIAMI FL 33	124		03	'				
MIAMI FL 33	1134		84	1 0	City	F	85 Zip (Code
office or registered agent. I am familia	agent or both in the State :	of Florida, Such change was au tions of, Section 607.0505, Flori	da Statutes	/ LITE 5.	e corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the appropriate the purpose in the pur	pointment as re	gistered
Signature, t	yped or printed name of registered agen OFFICERS AN		13.	nn aig	griatora redorrad	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TILE · D	OF HOLING AIN	DELETE	1.1 TITLE				Change	☐ Addition
1 -	Z, ALFONSO MARIN		1.2 NAME					
	SW 29TH STREET		1.3 STREE	T AD	DRESS		•	
	FL 33055		1.4 CITY-8	ST-ZI	IP I			
TITLE	1 2 00000	☐ DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME				, ,	
STREET ADDRESS	,		2.3 STREE	T AD	ODRESS	and the second second	٠	
CITY-ST-ZIP			2.4 CITY-1	ST-Z	ZIP			
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T AD	DORESS			
CITY-ST-ZIP			3.4 CITY-	ST-Z	ZIP		- Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4, 2 NAME		ļ			
STREET ADDRESS			4,3 STREE					
CITY-ST-ZIP		Per exe	4,4 CITY-S	ST-ZI	IP .		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			•		
NAME			5.3 STREE		YORESS			
STREET ADDRESS			5.4 CITY- S					
CiTY-ST-ZIP		DELETE	6.1 TITLE	J1-E			Change	Addition
TITLE			6.2 NAME		ľ			_
NAME			6,3 STREE		ODRESS			
STREET ADDRESS								

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 and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and the receiver of the corporation or the receiver or trustee and the receiver of the corporation of the receiver or trustee.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED