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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000065621

1. Corporation Name
FAYAT MARBLE SUPPLIES, INC.



Principal Place of Business
**8463 NW 68TH STREET
MIAMI FL 33166**

Mailing Address
**8463 NW 68TH STREET
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1998

4. FEI Number

65-0853243

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7950 NW 66TH STREET

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL.

Zip

24 33166

Country

25 DADE

2a. Mailing Address

26 7950 NW 66TH ST.

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL.

Zip

29 33166

Country

30 DADE

9. Name and Address of Current Registered Agent

**RATOVICH, SAUL R
8463 NW 68TH STREET
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

7950 NW 66TH ST.

83

84 City

MIAMI

FL

85 Zip Code

33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **BURITICA, MAURICIO**
STREET ADDRESS **8463 NW 68TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VD** ☐ DELETE
NAME **GIRALDO, JAIME E**
STREET ADDRESS **8463 NW 68TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **TD** ☒ DELETE
NAME **GAVIRIA, JOSE M**
STREET ADDRESS **7352 SW 80TH STREET PLAZA APT 276**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **CHD** ☐ Change ☒ Addition
12 NAME **JAE-YOUNG KIM**
13 STREET ADDRESS **18 LAKE ARBOR DR.**
14 CITY-ST-ZIP **LAKE WORTH FL. 33461**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 in Block 14 if added with an address, with a title like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 305-392 7939

Date

Daytime Phone #

CR2E034 (11/98)