

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S48679** (2)

1. Corporation Name
WORLD MARBLE, INC.



Principal Place of Business
**1440 STATE ROAD 84
FT. LAUDERDALE FL 33315**

Mailing Address
**1440 STATE ROAD 84
FT. LAUDERDALE FL 33315**

3. Date Incorporated or Qualified 04/26/1991	3a. Date of Last Report 01/27/1995
4. FEI Number 65-0258033	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. 1403 Cove Place Suite, Apt. #, etc.	2a. Mailing Address 26. Suite, Apt. #, etc.
22. City & State 23. TAVARES, FL 32778 Zip Country	27. City & State 28. Zip Country
24. 25. 29. 30. 9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

**ORTIZ, ANTONIO
2871 SW 79TH AVE., APT. 204
DAVE FL 33328**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. 84. City	85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE *[Date]*
Signature required to protect name of registered agent and title of principal. NOTE: Registered Agent signature required when reconstituting.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME ORTIZ, ANTONIO		1.2 NAME	
STREET ADDRESS 2871 SW 79 AVENUE #204		1.3 STREET ADDRESS	
CITY-STATE-ZIP DAVE FL		1.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR