

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S75003 (1)

1. Corporation Name

GUIDO MARBLE & GRANITE, INC.

Principal Place of Business

Mailing Address

7200 ROSE AVENUE
ORLANDO FL 32810-3415

7200 ROSE AVENUE
ORLANDO FL 32810-3415



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

08/20/1991

3a. Date of Last Report

07/06/1995

4. FEI Number

59-3079575

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

9. Name and Address of Current Registered Agent

GUIDETTI, GUIDO
7200 ROSE AVENUE
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name GUIDO GUIDETTI
82 Street Address (P.O. Box Number is Not Acceptable)
ROSE AVE 7200
83 ORLANDO - FLORIDA
84 City

FL 85 Zip Code 32810

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 reappointing)

Aug. 05-1996

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	GUIDETTI, GUIDO	
STREET ADDRESS	7200 ROSE AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VPD	DELETE
NAME	CHERI, SLAVIS	
STREET ADDRESS	1100 SO. ORLANDO AVE. #804	
CITY - ST - ZIP	MAITLAND FL	
TITLE	SD	DELETE
NAME	GUIDETTI, GUIDO	
STREET ADDRESS	7200 ROSE AVE	
CITY - ST - ZIP	ORLANDO FL 32810-3415	
TITLE	DT	DELETE
NAME	CHERI, SLAVIS	
STREET ADDRESS	1100 SO. ORLANDO AVE. #804	
CITY - ST - ZIP	MAITLAND FL	
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

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GUIDO GUIDETTI (PRES.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)