

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:34

DOCUMENT # **V06204 (4)**
1. Corporation Name
KERMARBLE INC.

Principal Place of Business Mailing Address
9350 SW 45 TERRACE MIAMI FL **9350 SW 45 TERRACE MIAMI FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/13/1992** 3a. Date of Last Report **06/29/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	2772	26	5272	65-0304835		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 11		Suite, Apt. #, etc. 11		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 1/0			
22 City & State 11		27 City & State 11		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 1/0			
23 Zip 33165 Country DADE		28 Zip 33165 Country DADE		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOPEZ, JOAQUIN R. 9350 SW 45TH TERRACE MIAMI FL 33165				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City FL B5 Zip Code			

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 _____ DATE _____
(Signature typed or printed name of registered agent and title of agent over) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, JUAN M.	2. NAME	
STREET ADDRESS	3830 SW 142ND AVENUE	3. STREET ADDRESS	8370 SW 48th
CITY - ST - ZIP	MIAMI FL	4. CITY - ST - ZIP	MIAMI FL 33155
TITLE	ST	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, JUAN M.	22. NAME	
STREET ADDRESS	3830 SW 142ND AVENUE	23. STREET ADDRESS	8370 SW 48th
CITY - ST - ZIP	MIAMI FL	24. CITY - ST - ZIP	MIAMI FL 33155
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such officer calls that I am an officer or director of the corporation or the owner or member 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 amendment with an address.

SIGNATURE: **JUAN M. JIMENEZ** (305) 551-9543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR