FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # **V68613** **(1)**

1. Corporation Name
DR. MARBLE, INC.

Principal Place of Business
8296 NW 56TH ST.
MIAMI FL 33166

Mailing Address
8296 NW 56TH ST.
MIAMI FL 33166

3. Date Incorporated or Qualified: **10/05/1992**
3a. Date of Last Report: **02/15/1995**
4. FEI Number: **65-0364603** ☐ 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 12855 SW 136 AVE
Suite, Apt. #, etc.
22 104
City & State
23 MIAMI
Zip 24 FL Country 25 USA

2a. Mailing Address
26 "SAME AS"
Suite, Apt. #, etc.
27 ←
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MARTINEZ, MARK A.
8296 NW 56TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.1622 and 607.1623, 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 and confirms that it is 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 607.325, Florida Statutes.

SIGNATURE: [signature] 4-9-96
(Date)

12. OFFICERS AND DIRECTORS

TITLE	DSCT	☐ DELETE
NAME	MARTINEZ, MARK A.	
STREET ADDRESS	8296 NW 56TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DPM	☐ DELETE
NAME	CAMPILLO, VINCENTE F	
STREET ADDRESS	8296 NW 56TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1 TITLE	☐ Change ☐ Addition
1a NAME	
1b STREET ADDRESS	
1c CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2a NAME	
2b STREET ADDRESS	
2c CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3a NAME	
3b STREET ADDRESS	
3c CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4a NAME	
4b STREET ADDRESS	
4c CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5a NAME	
5b STREET ADDRESS	
5c CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6a NAME	
6b STREET ADDRESS	
6c CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report/uniform business report is true, accurate and complete as of the date of this report, for the exception as to be filed pursuant to Section 607.193(2)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental business 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 added to the report.

SIGNATURE: [signature] 4-9-96 305 256 5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Telephone Number