

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V68613 (1)
1. Corporation Name
DR. MARBLE, INC.

Principal Place of Business
12855 SW 136 AVE
STE 104
MIAMI FL 33166
US

Mailing Address
8296 NW 56TH ST.
MIAMI FL 33166

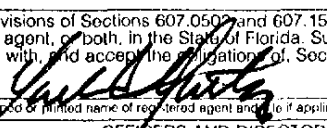


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/05/1992		04/16/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0364603		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTINEZ, MARK A. 8296 NW 56TH ST. MIAMI FL 33166				81 Name Mark A. Martinez			
				82 Street Address (P.O. Box Number is Not Acceptable) 17935 S.W. 136 CT.			
				83			
				84 City Miami			
				FL 85 Zip Code 33177			

11. Pursuant to the provisions of Sections 607.050 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	1.1 TITLE						
NAME	1.2 NAME						
STREET ADDRESS	1.3 STREET ADDRESS						
CITY-ST-ZIP	1.4 CITY-ST-ZIP						
TITLE	2.1 TITLE						
NAME	2.2 NAME						
STREET ADDRESS	2.3 STREET ADDRESS						
CITY-ST-ZIP	2.4 CITY-ST-ZIP						
TITLE	3.1 TITLE						
NAME	3.2 NAME						
STREET ADDRESS	3.3 STREET ADDRESS						
CITY-ST-ZIP	3.4 CITY-ST-ZIP						
TITLE	4.1 TITLE						
NAME	4.2 NAME						
STREET ADDRESS	4.3 STREET ADDRESS						
CITY-ST-ZIP	4.4 CITY-ST-ZIP						
TITLE	5.1 TITLE						
NAME	5.2 NAME						
STREET ADDRESS	5.3 STREET ADDRESS						
CITY-ST-ZIP	5.4 CITY-ST-ZIP						
TITLE	6.1 TITLE						
NAME	6.2 NAME						
STREET ADDRESS	6.3 STREET ADDRESS						
CITY-ST-ZIP	6.4 CITY-ST-ZIP						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

CR2E034 (4/97)