

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 # 150953 (8)
1. Corporation Name
A C TILE CO



Principal Place of Business Mailing Address
4000 N.W. SECOND AVENUE 4000 N.W. SECOND AVENUE
MIAMI FL 33127 MIAMI FL 33127

2. Principal Place of Business 2a. Mailing Address
21 State Apt. #, etc. 26 State Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified 05/07/1947 3a. Date of Last Report 02/27/1995
4. FEI Number 59-0564134 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

CASERTA, ROGER
201 NW 40TH ST
MIAMI FL 33127

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 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 of the person authorized to sign this report on behalf of the corporation

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME CASERTA, ROGER
3. STREET ADDRESS 11156 ORANGE BLOSSOM LN
4. CITY-STATE-ZIP BOCA RATON FL
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
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93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition
2. 2.1 NAME
3. 3.1 STREET ADDRESS
4. 4.1 CITY-STATE-ZIP
5. 5.1 TITLE ☐ Change ☐ Addition
6. 6.1 NAME
7. 7.1 STREET ADDRESS
8. 8.1 CITY-STATE-ZIP
9. 9.1 TITLE ☐ Change ☐ Addition
10. 10.1 NAME
11. 11.1 STREET ADDRESS
12. 12.1 CITY-STATE-ZIP
13. 13.1 TITLE ☐ Change ☐ Addition
14. 14.1 NAME
15. 15.1 STREET ADDRESS
16. 16.1 CITY-STATE-ZIP
17. 17.1 TITLE ☐ Change ☐ Addition
18. 18.1 NAME
19. 19.1 STREET ADDRESS
20. 20.1 CITY-STATE-ZIP
21. 21.1 TITLE ☐ Change ☐ Addition
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23. 23.1 STREET ADDRESS
24. 24.1 CITY-STATE-ZIP
25. 25.1 TITLE ☐ Change ☐ Addition
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29. 29.1 TITLE ☐ Change ☐ Addition
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33. 33.1 TITLE ☐ Change ☐ Addition
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37. 37.1 TITLE ☐ Change ☐ Addition
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96. 96.1 CITY-STATE-ZIP
97. 97.1 TITLE ☐ Change ☐ Addition
98. 98.1 NAME
99. 99.1 STREET ADDRESS
100. 100.1 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 contained 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 1 or Block 12 (if changed), or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)