

**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. Mortnam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000008467 (1)**  
 1. Corporation Name

**NICARAO TILE, INC.**



Principal Place of Business  
**6300 S.W. 138TH COURT  
 #102  
 MIAMI FL 33183**

Mailing Address  
**6300 S.W. 138TH COURT  
 #102  
 MIAMI FL 33183**

3. Date Incorporated or Qualified **02/03/1993** 3a. Date of Last Report **08/14/1995**

2. Principal Place of Business  
 21 **9409 SW 76 ST** 2a. Mailing Address  
 26 **9409 SW 76 ST**

4. FEI Number **65-0385099** Applied For  
 Not Applicable

Suite, Apt #, etc  
 22 **# X 23** 27 **# X 23**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
 23 **Miami FL** 28 **Miami FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country  
 24 **33173** 25 Country 29 **33173** 30 Country

8. This corporation has liability for intangible tax under s. 190.03? Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**IZAQUIRRE, ROGER  
 6300 S.W. 138TH COURT  
 #102  
 MIAMI FL 33183**

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 \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Print Title) \_\_\_\_\_ (Print Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROGER IZAQUIRRE</b>	
STREET ADDRESS	<b>6300 SW 138</b>	
CITY - ST - ZIP	<b>MIAMI FL K183</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>9409 SW 76 ST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b># X 23</b>	
13 STREET ADDRESS	<b>Miami FL 33173</b>	
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	<b>800001922508</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>-08/14/96--01097--050</b>	
63 STREET ADDRESS	<b>***225.00</b>	
64 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Print Title) \_\_\_\_\_ (Print Date)  
**8.6.96 305/2110234**  
 (Print Date) (Print Title) (Print Date)

CR2E034 (3/96)