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Jan 25, 1999 8:00am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000084616**

1. Corporation Name
EXPO TILES & MARBLE CORP.

Principal Place of Business Mailing Address
 3190 NW 77 CT 3190 NW 77 CT
 MIAMI FL 33122 MIAMI FL 33122
 US US



DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

65-0699809

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **3190 NW 77 CT**

2a. Mailing Address

26 **3190 NW 77 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **MIAMI FLORIDA**

27 City & State

28 **MIAMI FLORIDA**

24 Zip Country

24 **33122** 25 **DADE**

29 Zip Country

30 **33122** 30 **DADE**

9. Name and Address of Current Registered Agent

GONZALEZ, JUAN F
 555 NW 99 PL.
 MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

STATE

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** DELETE
 NAME **GONZALEZ, JUAN F**
 STREET ADDRESS **555 NW 99 PL.**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **DV** DELETE
 NAME **CHACIN, BORIS J**
 STREET ADDRESS **555 NW 99 PL.**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **DS** DELETE
 NAME **VAZQUEZ, JOSE J**
 STREET ADDRESS **555 NW 99 PL.**
 CITY-ST-ZIP **MIAMI FL 33172**

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

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/6/98 **406-2662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)