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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000108897 (4)

NEHEMIAS RIVERA TILE, INC.

## FILED Apr 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 811 S. CHICKASAW TRAIL 811 S. CHICKASAW TRAIL ORLANDO FL 32825 ORLANDO FL 32825 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1997 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-348 33*55* 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RIVERA, NEHEMIAS 814 S. CHICKASAW TRAIL R2 Street Address (P.O. Box Number is Not Acceptable) ORLÁNDO FL 32825 83 84 City Zip Code 85 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 tile if applicable (NOT). Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRLCTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE Addition TITLE RIVERA, NEHEMIAS NAME 1.2 NAME 811 S. CHICKASAW TRAIL STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP 1,4 C(TY - S1 - ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE RIVERA, REBECCA 2.2 NAME NAME 811 S. CHICKASAW TRAIL STREET ADDRESS 2.3 STHEET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. DITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STRÉET ADDRESS CITY-ST-ZIP 5.4 City - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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.

DERECCA DIVERA

4-16-98 407-275-0571