

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 273553 (8)**  
1. Corporation Name  
**MIOTTO TERRAZZO & TILE, INC.**



Principal Place of Business <b>926 - 26TH STREET WEST PALM BEACH FL 33407</b>	Mailing Address <b>926 - 26TH STREET WEST PALM BEACH FL 33407-5315</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified <b>01/02/1964</b>	3a. Date of Last Report <b>04/16/1996</b>
21. Suite, Apt #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1030191</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**9. Name and Address of Current Registered Agent**  
**MENDOZA, CALLAS & ROSS  
251 ROYAL PALM WAY, 8TH FLOOR  
PALM BEACH FL**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<del>PS</del> <input type="checkbox"/> DELETE
NAME	<del>MIOTTO, VALENTINO P</del>
STREET ADDRESS	<del>180 COMMODORE DR</del> <b>926 26TH ST</b>
CITY-ST-ZIP	<del>JUPITER FL</del> <b>WEST PALM BEACH</b>
TITLE	<del>V</del> <input type="checkbox"/> DELETE
NAME	<del>CYNTHIA BALLY</del>
STREET ADDRESS	<del>8448D CHASEWOOD DRIVE</del>
CITY-ST-ZIP	<del>JUPITER FL</del>
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**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PST</b>
1.3 STREET ADDRESS	<b>VALENTINO P. MIOTTO</b>
1.4 CITY-ST-ZIP	<b>926 26th. Street</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>West Palm Beach, Fl. 33407</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>V, AS</b>
3.3 STREET ADDRESS	<b>RUTH PETERS</b>
3.4 CITY-ST-ZIP	<b>926 126th Street</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>West Palm Beach, Fl. 33407</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

**SIGNATURE:** *Valentino P. Miotto* **2-25-97** **561-832-5511**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)