FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M10338 (5)J & B TILE CORPORATION Principal Place of Business Mailing Address 7825 SW 40 COURT 790 W 20TH ST MIAM FL 33185 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/22/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2503047 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RODRIGUEZ, JULIO 14228 SOUTHWEST 17TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MAMI FL 33175** 83 84 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 1097 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE Change Addition RODRIGUEZ, JULIO NAME 1.2 NAME CRZE034 **14228 SW 17TH STREET** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition 2.1 THILE RODRIGUEZ, BRENDA 2.2 NAME **14228 SW 17TH STREET** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY - ST - ZW 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 7ITLE Change ■ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE MAME 5.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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 apport 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 proporation 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 ghanged, or contain affective in the proporation of the receiver of the proporation of the receiver of the proporation of the receiver of the graph of the proporation of the receiver of the proporation of the proporation of the receiver of the proporation of the receiver of the proporation of the receiver of the proporation of the proporation of the receiver of the receiver of the proporation of the receiver of

STREET ADDRESS

SIGNATURE: