FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED AND FILED

97 MAY 30 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # : 170662

1. Corporation Name
ATLAS TILE CO., INC.

Principal Place of Business
1043 NW 119th St.
Miami, FL 33168

Mailing Address

3. Date Incorporated or Qualified: 10/04/52
3a. Date of Last Report: 04/25/96

4. FEI Number: 59-0762174 — Applied For / Not Applicable

5. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

5a. Mailing Address: 26 3860 NE 170th St.
Suite, Apt. #, etc.: 27
City & State: 28 N. Miami Beach, FL
Zip: 29 33160 Country: 30 USA

6. Certificate of Status Desired ☐ $6.75 Additional Fee Required

7. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Ralph Alameda
13670 NW 5th Avenue
N. Miami, FL 33168

10. Name and Address of New Registered Agent
81 Name: IRA R. SHAPIRO
82 Street Address (P.O. Box Number is Not Acceptable): 13899 Biscayne Blvd., #400
83
84 City: Miami FL 85 Zip Code: 33181

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: 5-28-97
Signature (Type or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when changing. DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	☒ DELETE
NAME	RALPH ALAMEDA	
STREET ADDRESS	13670 NW 5th Avenue	
CITY-ST-ZIP	N. Miami, FL 33168	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/T/D	☒ Change ☐ Addition
1.2 NAME	RALPH STEWART ALAMEDA	
1.3 STREET ADDRESS	21 Sunnyview Dr.	
1.4 CITY-ST-ZIP	St. Peters, MO 63376-3521	
2.1 TITLE	VP/S/D	☐ Change ☒ Addition
2.2 NAME	INGRID RICCI	
2.3 STREET ADDRESS	3860 NE 170th St.	
2.4 CITY-ST-ZIP	N. Miami Beach, FL 33160	
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	300002195823--3	
4.3 STREET ADDRESS	-05/30/97--01014--018	
4.4 CITY-ST-ZIP	****165.00 ****165.00	
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		

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 is added in Block 13 with an address.

SIGNATURE: 5/30/97 Vice President/Secretary (305) 947-6984
INGRID RICCI
NAME AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #