

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **250092** (4)
1. Corporation Name
PALM BEACH CLAY TILE COMPANY

Principal Place of Business
**7106 INTERPACE RD.
RIVIERA BEACH FL 33407-1024**

Mailing Address
**% JEFFERY ROY COHEN, ESQ.
17082 W. DIXIE HWY. 297 Sunny ISLES BLVD.
N. MIAMI BCH. FL 33160-3723**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1961	3a. Date of Last Report 08/14/1996
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0942808		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COHEN, JEFFERY R ESQ. 17082 W. DIXIE HWY. N. MIAMI BCH. FL 33160		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 297 Sunny ISLES BLVD.		
83	84 City		
85 Zip Code	FL		

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, R. FRANCISCO	1.2 NAME	
STREET ADDRESS	1000 VENETIAN WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	1.4 CITY-ST-ZIP	
TITLE	PDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPRES, RAFAEL L.	2.2 NAME	
STREET ADDRESS	4012 S HEATH CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARTEAGA, MARIA M.	3.2 NAME	
STREET ADDRESS	1000 VENETIAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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: _____ DATE: _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)