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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 342045

(2)

TILE MART INCORPORATED

FILED
Apr 07 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address					T TOBIOD 14114 DIDIR SIBIR ODIN DISTO DIII DIRI SIDII DIDII DEBLI DEBLI DICAL				
1020 SE 14 ST 1020 SE 14 ST									
PO BOX 56		PO BOX 56							•
HIALEAH FL S	33011-7056	HIALEAH FL 33010-5926				3. Date Incorporated or Qualified 02/25/1969		of Last R 3/1996	eport
2. Principa	Place of Business	2a. Mailing Address			•	4. FEI Number	<u> </u>		plied For
21		26				59-1384691			t Applicable
Suite, Apt 22	L #, €f¢	Suite. Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	I,C	City & State	·			6. Election Campaign Financing		\$5.00	
23		28	T	constant of		Trust Fund Contribution		Added	
<i>Ζ</i> ιρ [<u>-</u>]	Country	Zip	30	untry		8. This corporation has liability for i	ntangible ta 1 Yes 🎞		. 199.032,
24	9. Name and Address of Curre	29] Int Registered Agent	[30]	Τ		10. Name and Address of New Re			
ns	MAN, MICHAEL L.			81	Name		<u> </u>		
	74-A W 84TH ST				0: (4)	(0.0 D. N) - 1- N			
	NEAH FL 33014			82	Street Ad	dress (P.O. Box Number is Not Acceptab	ie)		
				83					
				84	City			85 Zip	Code
				04	City		FL	163 Zip	Code
11. Pursuan	it to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	utes, the a	bove	e-named co	rporation submits this statement for the p	urpose of o	changing it	s registered
office or agent 1	rreg stered agent, or both, in the Stat ,am fam⊣ar with, and accept the obli	e of Horida. Such change was gations of, Section 607.0505, f	s autnorize Florida Sta	ea by stutes	/ the corpor s.	ation's board of directors. I hereby accep	or tue abbo	intment as	registered
SIGNATURE									
	Signature, typical or printed nation of register of as				ent signature req	jured when reinstating)	DATE	DIDECTOR	0 111 10
12.		ND DIRECTORS DELETE	13.		····	ADDITIONS/CHANGES TO OFFIC		Change	Addition
THILE	PD ZARDOYA, JORGE M.	☐ btreit		IIILE			L	J Change	Addition
MAME	AAAA OM ATTU TEDD			VAME	ADDRESS				
STREET ADDRESS	MIAMI, FL 33138				ADDRESS				
CITY-ST-7/P	ST	DELETE	2.1	CITY - S Dide	ol - file			Change	Addition
NAME	ZARDOYA, MARIA I.		1	NAME			_	_	
STREET ADDRESS	DOOD OW ATTHEFOR				ADDRESS				
CITY - \$1 - ZiP	MIAMI, FL 33138				SY-ZIP				
Iff.f	VPD	▼ DELETE		TITLE	U. 1.11			Change	Addition
NAME	BOERI, LOUIS J.	/ \	321	NAME	Į				
STREET ADDRESS	5106 GRANADA BLVD		333	STREET	ADDRESS				
City - S1 - ZiP	CORAL GABLES FL		34	CITY-	ST-ZIP				
TILE		DELETE	4.1	TITLE				Change	Addition
NAME			4.2	NAME	-				
STREET ADDRESS	5		4.3	STREET	ADDRESS				
f fy-St-ZiP	AL				ST-ZIP				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11°LE		☐ DELETE	5.1	TITLE				Change	Addition
NAME				NAME					
STREET ADDRESS	8				T ADDRESS				
CHY-ST ZP		DELETE			ST-ZIP			Channe	Addition
THILE		☐ DELETE		TITLE	1		+	Change	MODITION
NAME				NAME					
SIRELI ADORES	5				I ADDRESS				
GRY-SI-ZIP			6.4	CITY-S	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 and cated 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:

