FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 APR 19 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 636252 (9)

1. Corporation Name
SUAREZ'S TILE INC.

Principal Place of Business
3971 NW 6ST
MIAMI FL 33126
US

Mailing Address
7801 SW 24 ST
#107
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1979
3a. Date of Last Report: 04/28/1994

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

2a. Mailing Address
26 3971 N.W. 6 Street
Suite, Apt. #, etc
27
City & State
28 Miami, Fl
Zip 29 33126 Country 30 USA

4. FEI Number: 59-1938915 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. 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
DE ARMAS, MIGUEL
4011 N.W. 6 STREET
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	SUAREZ, JUAN A	1.2 NAME	
STREET ADDRESS	~~109 N W 32ND PLACE~~	1.3 STREET ADDRESS	3971 N.W. 6 Street
CITY ST ZIP	~~MIAMI, FL 00000~~	1.4 CITY ST ZIP	Miami, Fl 33126
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	SUAREZ, MARIA	2.2 NAME	
STREET ADDRESS	~~109 N W 32ND PLACE~~	2.3 STREET ADDRESS	3971 N.W. 6 Street
CITY ST ZIP	~~MIAMI, FL 00000~~	2.4 CITY ST ZIP	Miami, Fl. 33126
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	SAUREZ, TANIA I	3.2 NAME	
STREET ADDRESS	~~109 N W 32ND PLACE~~	3.3 STREET ADDRESS	3971 N.W. 6 Street
CITY ST ZIP	~~MIAMI, FL 00000~~	3.4 CITY ST ZIP	Miami, Fl 33126
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Juan A. Suarez 4/12/95 (305) 643-9464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184443 CP