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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	663248
4 Compression Name	

G & G TILE, INC. OF MIAMI

Principal Place of Business 1620 S.W. 47 AVE FT. LAUDERDALE FL 33317

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

Country

9. Name and Address of Current Registered Agent

25

4700 SHERIDAN STREET BLDG B

LEVIN, NORMAN S.

HOLLYWOOD, FL

33021

1620 S.W. 47 AVE

2a. Mailing Address

City & State

Zip

26

27

28

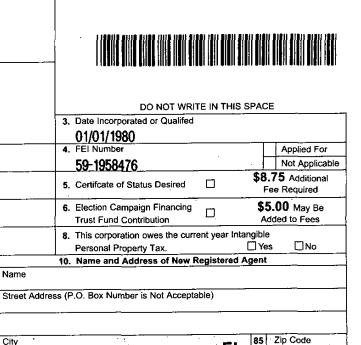
29

FT. LAUDERDALE FL 33317

Suite, Apt. #, etc.

## FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90109 021 \*\*\*150.00



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.

83

84 City

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and t	itle if applicable. (NOTE:	Registered Agent signature requires	when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			RS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE		Change	☐ Additio
NAME	GARCIA, JOSE		1.2 NAME			
STREET ADDRESS	4444 ATTI SI MANUE		1.3 STREET ADORESS			
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change	☐ Additio
NAME	LEVIN, NORMAN		2.2 NAME			
STREET ADDRESS	4700 SHERIDAN STREET		2.3 STREET ADDRESS	•		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		<u> </u>	<u> </u>
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
C/TY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition Addition
NAME			4. 2 NAME	,		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Additio
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	-	☐ DELETE	6.1 TITLE		. Change	Addition
NAME	]		62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		s filing does not qualify for	6.4 CITY-ST-ZIP			

indicated on this annual report or supplied with this limit does not dealing to the exhibition stated in Section 1.19.07(5)(f), Florida Statutes. I notifie certify 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, with all other like empowered.

SIGNATURE:

Jose Grancia. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR