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 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F30028** **(7)**

1. Corporation Name

ANTA TILE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
267 NE 164TH TERRACE NORTH MIAMI BEACH FL 33162	P.O. BOX 640527 NORTH MIAMI BEACH FL 33164

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/07/1981
3a. Date of Last Report: 12/05/1994

2. Principal Place of Business
21: 6969 Collins Ave
22 Suite, Apt. #, etc.: 901
23 City & State: Miami Beach, FL
24 Zip: 33
25 Country: USA

2a. Mailing Address
26: P.O. Box 440687
27 Suite, Apt. #, etc.:
28 City & State: Miami, Florida
29 Zip: 33144
30 Country: USA

4. FEI Number: 59-2102779 ☐ 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 CASTRO, RAIMUNDO
2655 W. 67TH PLACE
HIALEAH FL

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number Is Not Acceptable): 2655 W 67 PL #22
83:
84 City: HIALEAH FL 85 Zip Code: 33016

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DE CASTRO, MARCIAL F	12 NAME	DE CASTRO, MARCIAL F	
STREET ADDRESS	267 NE 164TH TERRACE	13 STREET ADDRESS	P.O. BOX 440687	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	14 CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 on an attachment with an address.

SIGNATURE: MARCIAL F DE CASTRO 3-1-95 934-7882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430001 FP