

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

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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005072 (1)**

1. Corporation Name
SAN ANTONIO TILE, INC.

Principal Place of Business
**5501 LAGORCE DR.
MIAMI BEACH FL 33140**

Mailing Address
**5501 LAGORCE DR.
MIAMI BEACH FL 33140-2137**

3. Date Incorporated or Qualified
10/02/1996

3a. Date of Last Report

2. Principal Place of Business
21 **314 E. Nakoma**

2a. Mailing Address
26 **314 E Nakoma**

4. FEI Number
74-2617345

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **Ste VI**

Suite, Apt. #, etc.
27 **Ste VI**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State
23 **San Antonio, Tx**

City & State
28 **San Antonio, Tx**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **78216**

Country
25 **USA**

Zip
29 **78216**

Country
30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FULLER, ELIYAHU
5501 LAGORCE DR.
MIAMI BEACH FL 33140**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVC** ☐ DELETE
NAME **FULLER, ELIYAHU**
STREET ADDRESS **5501 LAGORCE DR.**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **V** ☐ DELETE
NAME **BILES, GLENN**
STREET ADDRESS **9426 PITCARIN**
CITY-ST-ZIP **SAN ANTONIO TX 78250**

TITLE **TSD** ☐ DELETE
NAME **KYLE, SUZANNE**
STREET ADDRESS **2389 NW MILITARY #528**
CITY-ST-ZIP **SAN ANTONIO TX 78231**

TITLE **C** ☐ DELETE
NAME **FULLER, RENA**
STREET ADDRESS **5501 LAGORCE DR.**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

Suzanne E. Kyle Sec/Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97 210)494-0432
Date Daytime Phone #

0192896

CP2E034 (9/96)