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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # H66481

(3)

CERAMIC TILE CONSULTANTS, INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								~ » - « · « · « · »	
5340 RIVIERA DR. 5340				D RIVIERA DR. RAL GABLES FL 33146					DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified 07/16/1985
	lace of Business		2a. Mailing Address						4. FEI Number Applied For
21			26						59-2620220 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc. 27						Certificate of Status Desired See Required Fee Required
City & Stato			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Zip Country		71	, ` } 		ountry	,		8. This corporation owes or has paid the current year Intangible
24	25		29		30				Personal Property Tax due June 30. XXYes No
		ddress of Current R	legister	ed Agent		81	Non		10. Name and Address of New Registered Agent
	RIUTTO, DONALI) V.				81 Name			
	40 RIVIERA DR. PRAL GABLES FL	33146				82	Stre	Street Address (P.O. Box Number is Not Acceptable)	
						83			
						84	 		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the abooffice or registered agent, or both, in the State of Florida. Such change was authorized agent. Lam familia, with, and accept the obligations of, Section 607.0505. Llorida Statut.							o-name	ed corpo	pration submits this statement for the purpose of changing its registered
agent. I a	m familia with, and	accept the obligation	ns of S	ection 607,0505	Jorida Si	atutes	\$ 1110 C	orportitio	OF TOO THE CONTROL OF
SIGNATURE	Jone	ed V	110	erences	1				Jan 5, 1998
Signature, typoid or porried name of registered agent and title if applicable (NOTE Re							ut signa	lure required	
12.	PD	OFFICERS AND E	JIH CIC	DELETE	13	TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	MARIUTTO, D	ONALD V		оссите		NAME			
STREET ADDRESS	COLO DIVICTO A DO						ADDRES		
CITY-ST-ZIP CORAL GABLES FL 33146				1.4 CITY-S				.	
1016	0011112 00 100	<u> </u>		DELETE		TITLE	01 - ZIF		Change Addition
NAME						NAME			<u> </u>
STREET ADDRESS							2.3 STREET ADDRESS		
CITY-ST-ZIP				2.40					
TITLE				DELETE 3.1 TO					Change Addition
NAME	ME .				3.2 NAME				
STREET ADDRESS					3.3	STREET	ADDRES	s	
CITY-ST-ZIP	•				3.4	3.4. CITY - \$1 - 7IP			
TITLE				☐ DELFTE	4.1	TOLE			Change Addition
NAME					4.2	NAME			
STREET ADDRESS					4.3	STREET	ADDRES	s	
CITY-ST-ZIP					4.4	CITY-S	T-ZIP		
TITLE DELETE				5.1	5.1 TITLE			Change Addition	
NAME					5.2	NAME			
STREET ADDRESS					5.3	STREET	ADDRES	s	
CITY-ST-ZIP					5.4	CITY-S	1 - 7 #		
TITLE				DELETE	6.1	TITLE			Change Addition
NAME					6.2	NAME			
STREET ADDRESS					6.3	STREET	ADDRES	s	
CITY-ST-ZIP					6.4	CITY-S	T - Z IP		
	and the state of the last of the same	sation amountied with	that Color	e dood not suplify	for the c		tion of	atad in C	Costino 110 07/2Vi) Florida Statutos I further certify that the information

r nereby 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 eath; 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 chapter 607, or on an attachment with an address.