FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT #

1. Corporation Name (3)J48225 WORLD OF TILE AND MARBLE, INC. Principal Place of Business Mailing Address 121 N. W. 11 STREET 121 N. W. 11 STREET 6455 N FEDERAL WAY BOCA RATON FL 33432 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487** 3. Date Incorporated or Qualified 12/16/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 1701-A <u> 701-A</u> 59-2736366 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LABRADOR, NOBERTO 3900 NW 5TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 Zip Code 84 City 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 little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE PD 1.1 TITLE LABRADOR, NORBERTO NAME 1.2 NAME **3900 NW 5TH AVE** STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 THEF NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP Change DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 suppliemental 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 approximation of the corporation of the

4.4 CITY - ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

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5.1 TITLE

52 NAME

6.1 TITLE

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DELETE

DELETE

CITY-ST-ZIP

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STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME

Applied For

☐ No

Addition

Addition

Addition

Addition

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Addition

Change

Change

Not Applicable