

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 19 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT *OK*

DOCUMENT # K15430 (7)  
1. Corporation Name  
EUROPEAN TILE AND MARBLE IMPORTS, INC.

Principal Place of Business Mailing Address  
7615 PINETREE LN.  
W. PALM BCH FL 33406  
US P. O. BOX 1280  
PALM CITY FL 34902  
US

3. Date Incorporated or Qualified 02/15/1988 3a. Date of Last Report 04/18/1995  
4. FEI Number 05-0034560 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  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country  
24 25 26 27 28 29 30  
33406 U.S.A.

9. Name and Address of Current Registered Agent

FIGUEROA, GUILLERMO LUIS same agent  
3001 SW MARTIN DOWN BLVD  
PALM CITY FL 34909  
New address

10. Name and Address of New Registered Agent

81 Name Figueroa, Guillermo Luis  
82 Street Address (P.O. Box Number is Not Acceptable) 7615 Pine Tree Ln.  
83 West Palm Beach  
84 City FL 85 Zip Code 33406

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

(NOTE: Registered Agent signature required when reinstating)

11/10/96  
DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                     | STREET ADDRESS                      | CITY-ST-ZIP | DELETE                   |
|-------|--------------------------|-------------------------------------|-------------|--------------------------|
| PD    | FIGUEROA, GUILLERMO LUIS | 7615 PINETREE LN<br>W PALM BEACH FL |             | <input type="checkbox"/> |
| STD   | FIGUEROA, TERESITA E.    | 7615 PINETREE LN<br>W PALM BEACH FL |             | <input type="checkbox"/> |
|       |                          |                                     |             | <input type="checkbox"/> |
|       |                          |                                     |             | <input type="checkbox"/> |
|       |                          |                                     |             | <input type="checkbox"/> |
|       |                          |                                     |             | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
Teresita Figueroa  
Signature and typed or printed name of signing officer or director

11/10/96 (561) 585-7650  
Date Daytime Phone

CR2034 (3/96)