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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K15430 (7)

**1. Corporation Name
EUROPEAN TILE AND MARBLE IMPORTS, INC.**

**Principal Place of Business Mailing Address
7815 PINETREE LN. P. O. BOX 1260
W. PALM BCH. FL 33408 PALM CITY FL 34980
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/15/1988 3a. Date of Last Report 05/01/1994

4. FEI Number 65-0034569 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. 169.032, Florida Statutes [x] 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 **25** Country **28** Zip **30** Country

9. Name and Address of Current Registered Agent
**FIGUEROA, GUILLERMO LUIS
3091 SW MARTIN DOWN BLVD
PALM CITY FL 34980**

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 _____ **NOTE: Registered Agent signature required when registering** _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[] Change [] Addition
NAME	FIGUEROA, GUILLERMO LUIS	1.2 NAME	
STREET ADDRESS	7815 PINETREE LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	[] Change [] Addition
NAME	FIGUEROA, TERESITA E.	2.2 NAME	
STREET ADDRESS	7815 PINETREE LN	2.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 in original, or as an attachment with an original.

SIGNATURE: _____ **14/12/95** **(407) 285-7650**
 SIGNATURE ACCEPTED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Teresita E. Figueroa