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

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K44222

Country

9. Name and Address of Current Registered Agent

(3)

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PINO TILE, INC.

2101 W. ATLANTIC BLVD. POMPANO BEACH FL 33069

2. Principal Place of Business

PINO, PETER C. 2101 W. ATLANTIC BLVD.

POMPANO BCH FL 33069

Suite, Apt. #, etc.

City & State

Zip

21

22

23

24

Mailing Address

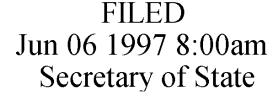
2a. Mailing Address

City & State

28

Suite, Apt. #, etc.

2101 W. ATLANTIC BLVD. POMPANO BEACH FL 33069-2635



3.	Date Incorporated or Qualified 11/08/1988		Date of Last Report 5/01/1996
4.	FEI Number 65-0100762		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 Florida Statutes	intangil] Yes	ble tax under s. 199.032, ☐ No
	Managard Address of Name De	-1-1	-4 4

8/97

Street Address (P.O. Box Number is Not Acceptable)

	64	City	Fr. 85	Zip Code
		<u> </u>	ГL	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the ab				
office or registered agent, or both, in the State of Florida. Such change was authorized	d by	the corporation's board of directors. I hereby acc	ept the appointn	nent as registered

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Country

ayent i a	in tanniar with, and accept the obligations or, Section 607.0305, Flor	ioa siatutes.		
SIGNATURE	Signature, typod or printed hame of registered agent and title if applicable (NOTE	Registered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.5 TITLE	Change Addition	
NAME	PINO, PETER C.	12 NAME		
STREET ADDRESS	2101 W. ATLANTIC BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 THILE	Change Addition	
NAME .		. 2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP	<u> </u>	
TITLE	☐ DEŁETE	3 1 TITLE	Change Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	☐ DELETE	4.1 TITLE	Change Addition	
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	51 THE	Change Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-\$T-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE	Change Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 agrupate poort is flue 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 truther or provided 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 effective management of the corporation of the corpor				