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PROFIT CORPORATION ANNUAL REPORT

1997

E. & C. INTERNATIONAL TILES, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K53190

(0)

FILED Feb 21 1997 8:00am Secretary of State

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| Principal Place of Business Mailing Address | | | | | | | | | |
|--|--|---|---------------|----------|---|--|---|-------------------|---|
| % ARMANDO PARRA 2620 SW 137 AVE MIAMI FL 33175 US | | % ARMANDO PARRA 2620 SW 137 AVE MIAMI FL 33175-6314 US | | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 12/16/1988 | | te of Last R | eport | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | ····· | 4, FEI Number | <u></u> | Ar | plied For |
| 21 | | 26 | | | | 65-0086096 | | No | t Applicable |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | | | | | | \$8.75 | Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | | quired |
| City & State | е | City & State | | | ···· | 6. Election Campaign Financing | *************************************** | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Added | |
| Zip | Country | Zip | Coul | ntry | ···· 1 · ··· · · · · · · · · · · · · · · · · | 8. This corporation has liability for it | ntangible | tax under s | 199.032 |
| 24 | 25 | 29 | 30 | | | | Yes [| | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | 9. Name and Address of Currer | | 1 | | | 10. Name and Address of New Reg | istered / | gent | |
| PAR | RA, ARMANDO | | | 81 | Name | · · · · · · · · · · · · · · · · · · · | · | · // | 1 |
| | 44 S.W. 15TH ST. | | ļ | | | | | | |
| | MI FL 33184 | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptab | e) | | |
| MIN | MI FL 33 104 | | ŀ | 83 | ······································ | | ····· | | |
| | | | | " | | | | | |
| | | | - | 84 | City | W | | 85 Zip | Code |
| | | | | | | | FL | | |
| 11. Pursuant t | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statut | es, the ab | 9VOC | -named corporation | oration submits this statement for the p | urpose of | changing it | s registered |
| agent La | ni familiar with, and accept the oblig | ations of, Section 607.0505, Flo | orida Stati | utes | , | ion's board of directors. I hereby accep | t ino appi | JII (GITICE) LEIS | rogistored |
| SIGNATURE | Signature, typed or printed name of registered agr | and and title if applicable. JNOT | E: Donietarad | (Accord | ot signatura maudra | ed when reinstaling) | DATÉ | | · · · · · · · · · · · · · · · · · · · |
| 12. | | ID DIRECTORS | 13. | . Ayo | il efficience redoire | ADDITIONS/CHANGES TO OFFIC | | DIRECTOR | S IN 12 |
| THILE | P0 P0 | DELETE | 1.1 10 | | | ADDITIONS/CITATES TO CITTO | | Change | Addition |
| NAME | PARRA, ARMANDO | Car Otter | | | | | | CT O.M.Bo | |
| | 13844 S.W. 15TH ST. | | 1.2 NA | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| DITY+ST-ZIP | MIAMI FL | | 1.4 CIT | | r- ZIP | · | | | |
| TITLE | SD | DELETE | 2.1 111 | LE | | | | L. Change | Addition |
| NAME | PARRA, ERNESTINA | | 2.2 NA | ME | | | | | |
| STREET ADDRESS | 13844 S.W. 15TH ST. | | 2.3 ST | REET | ADDRESS | | | | |
| City-St-ZiP | MIAMI FL | | 2. 4 CI | TY-\$ | T-ZIP | | | | |
| TOTLE | VD | DELETE | 3.1 Trī | LE | | | | ☐ Change | Addition |
| NAME | PARRA, CARLOS L. | • | 3.2 NA | ME | | · | | | |
| STREET ADDRESS | 14307 S.W. 19 TERRACE | • | 3.3 \$79 | REET | ADDRESS | | | | |
| City-St-ZiP | MIAMI FL | | 3.4. CI | | 1 | 4 | | | |
| TITLE | T | DELETE | 4.1 101 | ••••• | , +" | | | Change | Addition |
| NAME | PARRA, MARGARITA | | 4. 2 N | | 1 | | | | |
| | 14307 S.W. 19 TERRACE | | | | 1 DDDCCC | | | | - |
| STREET ACCIDESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | TI no rye | 4.4 CIT | | - ZIP | | | 110 | 1 1 1 2 2 2 2 |
| TITLE | | ☐ DELETE | 5.1 👬 | | j | | | Change | Addition |
| NAME | | | 5.2 NA | ME | 1 | | | | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRESS | | | | |
| DITY-ST-ZIP | | | 5.4 CIT | TY-ST | r-zip | | | | |
| TITLE | | DELETE | 6.1 TIT | | | | | Change | Addition |
| NAME | | | 6.2 NA | ME | | • | | | |
| STREET ADORESS | | | | | ADDRESS | | | | |
| SINCLI ADUNCSS | | | 0.3 311 | ncel ! | ADDITION | | | | |

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 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 address.

Date

Daytime Phone #