

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K53190

1. Corporation Name

E. & C. INTERNATIONAL TILES, INC.

Principal Place of Business

% ARMANDO PARRA
2620 SW 137 AVE
MIAMI FL 33175
US

Mailing Address

% ARMANDO PARRA
2620 SW 137 AVE
MIAMI FL 33175
US

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90020 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1988

4. FEI Number

65-0086096

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

30

9. Name and Address of Current Registered Agent

PARRA, ARMANDO
13844 S.W. 15TH ST.
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name

CARLOS L. PARRA

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

83

14307 S.W. 19 TERRACE

84 City

MIAMI

FL

85 Zip Code

33175

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 *Carl P*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME PARRA, ARMANDO
STREET ADDRESS 13844 S.W. 15TH ST.
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME PARRA, ERNESTINA
STREET ADDRESS 13844 S.W. 15TH ST.
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ DELETE

NAME PARRA, CARLOS L.
STREET ADDRESS 14307 S.W. 19 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME PARRA, MARGARITA
STREET ADDRESS 14307 S.W. 19 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

PARRA, CARLOS L.

1.3 STREET ADDRESS

14307 S.W. 19 TERRACE

1.4 CITY-ST-ZIP

MIAMI, FL 33175

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE: *Carl P* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99 (305) 594-0441

CR2E034 (11/98)