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Secretary of State

04-08-1999 90038 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K57752

1. Corporation Name
TILES - R - US, INC.

Principal Place of Business

911 N VENETIAN DR
 MIAMI BEACH FL 33139
 US

Mailing Address

911 N VENETIAN DR
 MIAMI BEACH FL 33139
 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/09/1989

4. FEI Number

65-0108312

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

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LOPEZ, JORGE
911 N VENETIAN DR
MIAMI BEACH FL 33139

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PSD
LOPEZ, GEORGE
911 N VENETIAN DR
MIAMI BEACH FL 33139

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VPSD
LOPEZ, MILAGROS
911 N VENETIAN DR
MIAMI BEACH FL 33139

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

~~Eugenio Morales Secretary~~
Eugenio Morales
740 S.W. 109 Ave #808
MIAMI FL 33174

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

8-8-99

305-632-8453

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)