

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K72336

1. Corporation Name

RICO TILE, INC.  
C/O RICARDO PALLES  
6819 N. CLARK AVE. TAMPA FL 33614

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified: 03/13/1989  
3a. Date of Last Report: 09/01/1992

21. Principal Place of Business: C/O RICARDO PALLES

2a. Mailing Address: 6819 N. Clark Tampa FL 33614

4. FEI Number: 59-2931313  
Applied For:   
Not Applicable:

22. Suite, Apt. #, etc.: 6819 N. CLARK AVE.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. City & State: TAMPA FL

28. City & State

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip: 33614

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

RICARDO PALLES  
14514 SUTTER PL  
TAMPA FL 33625

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

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's signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | P/D                 | <input type="checkbox"/> DELETE |
| NAME            | RICARDO PALLES      |                                 |
| STREET ADDRESS  | 14515 SUTTER PL     |                                 |
| CITY - ST - ZIP | TAMPA FL 33625      |                                 |
| TITLE           | S/T/D GERMAN PALLES | <input type="checkbox"/> DELETE |
| NAME            | 7216 HUBERT AVE     |                                 |
| STREET ADDRESS  | TAMPA FL 33614      |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 11. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME            |   |
| 13. STREET ADDRESS  |   |
| 14. CITY - ST - ZIP |   |
| 21. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME            |   |
| 23. STREET ADDRESS  |   |
| 24. CITY - ST - ZIP |   |
| 31. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME            |   |
| 33. STREET ADDRESS  |   |
| 34. CITY - ST - ZIP |   |
| 41. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME            |   |
| 43. STREET ADDRESS  |   |
| 44. CITY - ST - ZIP |   |
| 51. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME            |   |
| 53. STREET ADDRESS  |   |
| 54. CITY - ST - ZIP |   |
| 61. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME            |   |
| 63. STREET ADDRESS  |   |
| 64. CITY - ST - ZIP |   |

900001821179  
-05/14/96-01117-028  
\*\*\*200.00

5/11/96  
[Signature]

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]  
P/O RICARDO PALLES

4-30-96

Date

Daytime Phone #

CR2E034 (12/95)