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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K92004

(6)

TILES BY RICCARDO, INC.

FILED Apr 13 1998 8:00am Secretary of State

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Dringing Dlog	of Dunings	Mailwa Addrona			láit áibtí oibtí biáin áitil láti
Principal Place of Business Mailing Address					
%RICCARDO ILLIANO 5808 NW 87 TERRACE TAMARAC FL 33321-4444		%RICCARDO ILLIANO 5808 NW 87 TERRACE			
		TAMARAC FL 33321-444	14	DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
		· · · • · · · · · · · · · · · · · · · ·	<u> </u>	05/30/1989	
⊢ ¬ `	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	H -2-	26		65-0126373	Not Applicable
Suite, Apt.	#, 81C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		A Flatin Committee Financia	
23	•	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _{(p}	Country	8. This corporation owes or has paid the d	
24	25]	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Currer			10. Name and Address of New Registers	d Agent
ILLI	ANO, RICCARDO		81 Name		
580	8 N.W. 87TH TERRACE		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
TAN	MARAC FL 33321		<u></u>	(
			83		
			84 City		85 Zip Code
				F	<u>L</u>
office or re	io the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized by the corpora	poration submits this statement for the purpose alion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typied or printed harde of regeliered age		TE Registered Agent signature requ	ired when reinstitting) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ILLIANO, RICCARDO		1.2 NAME		
STREET ADDRESS	5808 N.W. 87TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIF	TAMARAC FL		1.4 CiTY-ST-7iP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS	_	
CITY-ST-ZIP		·	2.4 CHY-ST-ZIP		
TITLE		L. DELETE	3.1 TITLE	**	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CHY-ST-ZIP		Change Addition
TITLE NAME		L. DECETE	4.1 TITLE 4.2 NAME		LT Change LT Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St - Zip		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7IP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		}
STREET ADDRESS			63 STREET ADDRESS		
CITY-S1-ZIP			64 CHTY-ST-ZIP		
		The second secon			

Thereby 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 supplicritiental 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 charged, or on an attachment with an address.

4/4/98 954-726-8490