FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS L58594 DOCUMENT # (7) VYMAR TILES, INC. Principal Place of Business Mailing Address C/O ED. G. DELUDE C/O ED. G. DELUDE 103 E. LAUREN CT 103 E. LAUREN CT FERN PARK FL 32730 FERN PARK FL 32730 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1990 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 3/2 Jum man 345 E, 57.4 59-2995908 Not Applicable Suite, Apt. #, etc. Spite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be  $\Gamma$ JANTOZ Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 25 DEM ~ 12 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Aura DELUDE, ED. G. 103 E. LAUREN CT. FERN PARK FL 32730 provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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 11. Pursuant to SIGNATU Registered Agent (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1114 DELETE 1.1 TIDE ☐ Change MUNOZ, GUSTABO NAME 1.2 NAME CR2E034 312 SUMMERVILLE LN STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 1.4 CITY - ST- 2IF DELFIE TITLE 2 1 TITLE ☐ Change ☐ Addition MUNOZ, VIANY NAME 2.2 NAME 312 SUMMERVILLE LN STREET ADDRESS 2.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 24 CITY - ST - ZIP TITLE DELETE 3 1 THILE [1] Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY - S1 - ZIP 3.4 CITY - ST - ZIP TITLE DELFTE 4.11:TLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1) - ST - Z(P TITLE [ ] DELETE 5. 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-7P 54 CHY+ST-ZIP TITLE DELFTE 6 1 THLE Change Addition 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 C/TY - ST - Z/P 14. Ido 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)(6), 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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