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

CORPORATION ANNUAL REPORT

1996



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

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| $\neg \neg \neg$ | | - 1 | | |

| 1. Corporation | NENT# M103 | 38 | (5) | | | | |
|----------------------|---|-------------------------------|--------------------|------------------------------------|---|---|---|
| * | TILE CORPORATION | | | | | | |
| 0 4 5 | TILL COM CHATION | | | | 1 281 1811 1811 1814 86183 11188 1 | | |
| Principal Place | of Business | Mailing Address | | | | | |
| 7825 SW 40 | COURT | 790 W 20TH S | ST . | | | | |
| MIAMI FL 3 | 3165 | HIALEAH FL 3 | 3010 | | | | |
| US | | US | | | 3. Date Incorporated or Qualified | 3a. Date of La | ist Report |
| | | | | | 01/22/1985 | 05/0 | 1/1995 |
| 2. Principa! Pla | Principal Place of Business 2a. Mailing Address | | ss | | 4. FEI Number | 1 | Applied For |
| 21 26 | | | | 59-2503047 | | Not Applicable | |
| <u></u> | | Suite, Apt. #, (| etc. | | 5. Certificate of Status Desired | , | 1.75 Additional Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | | 5.00 May Be |
| 23 | | 28 | , | | Trust Fund Contribution | | Added to Fees |
| Zip | Country | Zip | Cour | ntry | 8. This corporation has liability for | | |
| 24 | 25 | 29 | 30 | | Florida Statutes | No | |
| · | 9. Name and Address of Curren | nt Registered Agent | | | 10. Name and Address of New F | tegistered Agent | Į . |
| | | | | 81 Name | | | |
| | GUEZ, JULIO | | <u> </u> | 82 Street Add | Iress (P.O. Box Number is Not Acceptat | ole) | |
| | Southwest 17th Street | | ļ | | | | |
| MIAMI I | FL 33175 | | | 83 | • | | i |
| | | | ľ | 84 City | | 85 | Zip Code |
| 44 Discound to | the croudiless of Sections 507.0500 |) CO7 1500 FI- (-)- | | | | FL °° | |
| or registere | ed agent, or both, in the State of Flori | da. Such change was a | uthorized by the c | /e-named corpo orporation's boa | oration submits this statement for the purard of directors. I hereby accept the app | rpose of changing ointment as regist | its registered office [ered agent. I am |
| | n, and accept the obligations of, Sect | ion 607.0505, Florida Si | tatutes. | | | _ | - |
| SIGNATURE : | r Signature, typed or printed name of registered agent | and title if applicable | (NOTE: Registered | Agent signature require | GT urban reinstatural | DATE | |
| 12. | ····· | D DIRECTORS | 13. | Gon og and o require | ADDITIONS/CHANGES TO OFF | | CTORS IN 12 |
| TITLE | Р | ☐ DELET | E 1.1 Ti) | LE | | ☐ Chai | |
| NAME | RODRIGUEZ, JULIO | | 1.2 NA | ME | | | |
| STREET ADDRESS | 14228 SW 17TH STREET | | 1.3 STF | REET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CIT | Y-ST-ZIP | | | |
| TITLE | VP | ☐ DELET | E 2.17() | īLĒ | | ☐ Char | nge 🔲 Addition |
| NAME | RODRIGUEZ, BRENDA | | 2.2 NAI | ME | | | |
| STREET ADDRESS | 14228 SW 17TH STREET | | 2.3 STF | REET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | | Y-ST-ZIP | | | |
| TITLE | | ☐ DELET | E 3 1 TIT | LE | | Char | nge 🗌 Addition |
| NAME | | | 3 2 NAI | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| CITY-ST-ZIP | | □ 0F(ET | | Y-ST-ZIP | | F1.60 | |
| TITLE | | DELET | | [| | Char | nge Addition |
| NAME CXCCC ACCCCC | | | 4.2 NA | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| CITY-S1-ZIP TITLE | | ☐ DELET | | Y-ST-ZIP | | | nos 🗖 Additios |
| NAME | | | 5.1 M | 1 | | ☐ Char | nge 🗌 Addition |
| STREET ADDRESS | | | | REET ADDRESS | | | ļ |
| CHTY-ST-ZIP | | | | Y-ST-ZIP | | | |
| THLE | ····· | ☐ DELET | | | | ☐ Char | nge Addition |
| NAME | | | 6.2 NAI | | | F 2110 | |
| STREET ADDRESS | | | | EET ADDRESS | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | |] |
| | certify that the information supplied | with this filing is voluntari | ly furnished and d | oes not qualify t | for the exemption stated in Section 119. | 07(3)(k), Florida \$1 | tatutes. I further |

Certify that the information indicated on this annual responder supplies and does not quality 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 of supplement SIGNATURE AND TYPED OF ARINTED NAME OF SIGNING OFFICER OR PIRECTOR

H-17-96 305-885-57/2

Date Destrict Prove 6

CR2E034 (12/95)