

DOCUMENT # M12749

1. Entity Name

COUSINS TILE CONTRACTORS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90095 020 ***158.75

Principal Place of Business

Mailing Address

15743 SW 90 TERR
 MIAMI FL 33196
 US

70 BAHAMA AVE
 KEY LARGO FL 33037-0584
 US

2. Principal Place of Business

3. Mailing Address

14874 SW 159 CT
 Suite, Apt. #, etc.

14874 SW 159 CT
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI Florida

City & State

MIAMI Florida

4. FEI Number

59-2521769

Applied For

Not Applicable

Zip

33196

Country

DADE

Zip

33196

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

VAZQUEZ, JESUS
 15743 SW 90 TERR
 MIAMI FL 33196

Name

VAZQUEZ JESUS

Street Address (P.O. Box Number is Not Acceptable)

14874 SW 159 CT

City

Miami

FL

Zip Code

33196

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME P
 VAZQUEZ, JESUS
 STREET ADDRESS 70 BAHAMA AVE
 CITY-ST-ZIP KEY LARGO FL 33037

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME S
 VAZQUEZ, GLADYS
 STREET ADDRESS 70 BAHAMA AVE
 CITY-ST-ZIP KEY LARGO FL 33037

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-00

Date

(305) 246-4500

Daytime Phone #