

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # M26957 (4)

1. Corporation Name

A. & J. CERAMIC TILE, INC.



Principal Place of Business

**8950 SW 20 STREET
MIAMI FL 33165**

Mailing Address

**8950 SW 20 STREET
MIAMI FL 33165**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DE LA LUZ, JORGE L.
8950 SW 20TH STREET
MIAMI FL 33165**

3. Date Incorporated or Qualified

02/05/1986

3a. Date of Last Report

03/03/1995

4. FLE Number

59-2632822

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0605, Florida Statutes.

SIGNATURE

(Sign and type properly. Use a separate line for each name.)

(Sign and type properly. Use a separate line for each name.)

Date

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

DE LA LUZ, JORGE L.

STREET ADDRESS

8950 SW 20TH STREET

CITY-STATE-ZIP

MIAMI FL

TITLE

SD

☐ DELETE

NAME

DE LA LUZ, ANA L.

STREET ADDRESS

8950 SW 20TH STREET

CITY-STATE-ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

1. STREET ADDRESS

1. CITY-STATE-ZIP

2. TITLE

☐ Change

☐ Addition

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE

☐ Change

☐ Addition

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

☐ Change

☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change

☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE

☐ Change

☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

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)(g), 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 (305)553-4172

CR2E034 (12/95)