FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M49574** **(0)**

1. Corporation Name
V & L TILE CORP.

Principal Place of Business:
5465 WEST 13 CT.
HIALEAH FL 33012

Mailing Address:
5465 WEST 13 CT.
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/02/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **59-2789387** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation desires to change its status under § 607.1104, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARTINEZ, VICTOR M.
5465 WEST 13 CT.
HIALEAH FL 33012

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 Section 607.193 and 607.1501, 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 607.325, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
Title	**DPT**	Title	☐ Change ☐ Addition
Name	**MARTINEZ, VICTOR M.**	Name	
Street Address	**5465 WEST 13 CT.**	Street Address	
City-St-Zip	**HIALEAH FL**	City-St-Zip	
Title	**DVS**	Title	☐ Change ☐ Addition
Name	**MARTINEZ, LUISA M.**	Name	
Street Address	**5465 WEST 13 CT.**	Street Address	
City-St-Zip	**HIALEAH FL**	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the FEI number 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 above, or on an attachment with an address.

SIGNATURE: Victor M. Martinez PRESIDENT 4/19/95 (305) 825-0842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082081 CP