* FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M49574 V & L TILE CORP. Principal Place of Business Mailing Address 5465 WEST 13 CT. 5485 WEST 13 CT. HIALEAH FL 33012 HIALEAH FL 33012-2268 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1987 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2789387 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Ζιρ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARTINEZ, VICTOR M. 5465 WEST 13 CT. Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 Zip Code City 85 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 607.0505, Florida Statutes. Signature, typical or printed name of registered agont and life if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 96/6) DELETE Change THLE 1.1 TITLE MARTINEZ, VICTOR M. 1.2 NAME NAME 5465 WEST 13 CT. 13 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY - ST - ZIP 0114-51-70 1:11.8 DVS DELETE 2.1 TITLE Change Addition MARTINEZ, LUISA M. 2.2 NAME NAME 5465 WEST 13 CT. STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL CrEY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAMI 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZiF DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THILE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS CITY-ST-7/P 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. Ido 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 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:

City-St-7IP

SIGNAYURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

Dayline Phone # 0118298

FILED

Apr 24 1997 8:00am

Secretary of State