

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

FILED

Mar 25 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P93000008947 (2)  
1. Corporation Name

NTM TILES & MARBLES CORP.

|  |   |
|--|---|
| Principal Place of Business                  | Mailing Address                               |
| 13511 NW 7TH TER<br>MIAMI, FL, 33182-2255117 | 13511 NW 7TH TERR<br>MIAMI, FL, 33182-2255117 |

|   |                                      |
|---|--------------------------------------|
| 3. Date Incorporated or Qualified<br>02/04/1993 | 3a. Date of Last Report<br>6/14/1996 |
|---|--------------------------------------|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 SAME THAN ABOVE | 2a. Mailing Address<br>26 SAME THAN ABOVE |
|--|---|

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FET Number<br>65-0385101 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

Suite, Apt. #, etc.

|  |                                   |
|--|-----------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|--|-----------------------------------|

|                 |                 |
|-----------------|-----------------|
| 22 City & State | 27 City & State |
|-----------------|-----------------|

|  |                                |
|--|--------------------------------|
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |
|--|--------------------------------|

|        |            |
|--------|------------|
| 23 Zip | 28 Country |
|--------|------------|

|  |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

|        |            |        |            |
|--------|------------|--------|------------|
| 24 Zip | 25 Country | 29 Zip | 30 Country |
|--------|------------|--------|------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGUIAR NELSON  
13511 NW 7TH TERRACE  
MIAMI, FLORIDA, 33182

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> DELETE |
| NAME           | AGUIAR NELSON         |                                 |
| STREET ADDRESS | 13511 NW 7TH TERRACE  |                                 |
| CITY-ST-ZIP    | MIAMI, FLORIDA, 33182 |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | VPD                   | <input type="checkbox"/> DELETE |
| NAME           | AGUIAR NORMA          |                                 |
| STREET ADDRESS | 13511 NW 7TH TERRACE  |                                 |
| CITY-ST-ZIP    | MIAMI, FLORIDA, 33182 |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |

|                   |   |
|-------------------|---|
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |

|                   |   |
|-------------------|---|
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |

|                   |   |
|-------------------|---|
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |

|                   |   |
|-------------------|---|
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |

|                   |   |
|-------------------|---|
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-ST-ZIP    |   |

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\*\*\*173.50

14. I do 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, as indicated, or on an attachment with an address.

SIGNATURE:

NELSON AGUIAR, PRESIDENT 3/17/97

305-559-2920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)