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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:36

DOCUMENT # **P93000012852 (8)**

1. Corporation Name

BONITA TILE, INC.

Principal Place of Business	Mailing Address
28441 S TAMIAMI TRAIL UNIT 215 BONITA SPRINGS FL 33923	28441 S TAMIAMI TRAIL UNIT 215 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1993
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address
21 14848 OLD US 41	26 14848 OLD US 41
Suite, Apt. #, etc. 22 #15	Suite, Apt. #, etc. 27 #15
City & State 23 NAPLES FL	City & State 28 NAPLES, FL.
Zip / County 24 33963 / 25 Collier	Zip / County 29 33963 / 30 Collier

4. FEI Number: 65-0247758 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAGRASTA, SERGIO
28441 S TAMIAMI TRAIL
UNIT 215
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 14848 OLD US 41

83 UNIT 15

84 City: NAPLES FL 85 Zip Code: 33963

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: SERGIO LA GRASTA — DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required if designated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LAGRASTA, SERGIO	12 NAME	LA GRASTA, SERGIO
STREET ADDRESS	28441 S TAMIAMI TRAIL #215 →	13 STREET ADDRESS	14848 OLD US 41 #15
CITY-ST-ZIP	BONITA SPRINGS FL 33923	14 CITY-ST-ZIP	NAPLES, FL. 33963
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LAGRASTA, VINCENT	22 NAME	LA GRASTA, VINCENT
STREET ADDRESS	28441 S TAMIAMI TRAIL #215 →	23 STREET ADDRESS	14848 OLD US 41 #15
CITY-ST-ZIP	BONITA SPRINGS FL 33923	24 CITY-ST-ZIP	NAPLES, FL. 33963
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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: Sergio LA GRASTA — 4-6-95 — 813-597-6171

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

0024342 6P