

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000024887 (0)

1. Corporation Name

CUBAN TROPIC TILE INC.



Principal Place of Business

3632 N.W. 37TH AVE.
MIAMI FL 33142

Mailing Address

3632 N.W. 37TH AVE.
MIAMI FL 33142

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

CURIEL, RAMON E
177 OCEAN LANE DR.
#611
KEY BISCAVNE FL 33149

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/05/1993

3a. Date of Last Report

05/31/1995

4. FEI Number

65-0406731

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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

(Signature and printed name of the officer or director)

(Signature and printed name of the agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
CURIEL, RAMON E
177 OCEAN LANE DR. #611
KEY BISCAVNE FL 33149

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
CURIEL, ARACELIS
177 OCEAN LANE DR. #611
KEY BISCAVNE FL 33149

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/22/96 (305) 653 8544

CR2E034 (12/95)