

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000050049 (4)

1. Corporation Name

PREMIER TILE, INC.



Principal Place of Business

Mailing Address

~~8000 NW 40 STREET~~ 7800 NW 32ND ST.
MIAMI FL ~~33142~~ 33122
US

P O BOX 523995
MIAMI FL 33152
US

2. Principal Place of Business

21 7800 NW 32ND ST

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

24 Zip

33122

Country

25 DADE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

05/16/1995

4. FEI Number

65-0425787

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

ORTIZ, IVAN
8700 N.W. 13TH TERRACE
MIAMI FL 33172

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 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 title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ALFONSO EMILIO ORTIZ
STREET ADDRESS AVE F D ROOSEVELT 959
CITY-ST-ZIP PUERTO HUEVO PU

TITLE VPD ☒ DELETE

NAME ORTIZ MILAGROS P
STREET ADDRESS AVE F D ROOSEVELT 959
CITY-ST-ZIP PUERTO HUEVO PU

TITLE SD ☐ DELETE

NAME ORTIZ IVAN
STREET ADDRESS 8700 N W 13TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME ALVAREZ ARMANDO
STREET ADDRESS 8700 N W 13TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-96

591-8140

CR2E034 (12/95)