

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000050348 (0)**
1. Corporation Name
APOLO TILES, INC.



Principal Place of Business 4805 E. 10TH AVE. HIALEAH FL 33013	Mailing Address 4805 E. 10TH AVE. HIALEAH FL 33013
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/19/1993	
				4. FEI Number 65-0438257	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERNANDEZ, AGUSTIN 4805 E. 10TH AVE. HIALEAH FL 33013				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	HERNANDEZ, AGUSTIN	1.1 TITLE		1.2 NAME	
STREET ADDRESS		3910 S.W. 133RD AVE.		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		MIAMI FL 33175		2.1 TITLE		2.2 NAME	
TITLE	VD	NAME	HERNANDEZ, CELIA	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS		3910 S.W. 133RD AVE.		3.1 TITLE		3.2 NAME	
CITY - ST - ZIP		MIAMI FL		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	TD	NAME	MAKEYENKO, MARY	4.1 TITLE		4.2 NAME	
STREET ADDRESS		3910 SW 133 AVENUE		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		MIAMI FL		5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	

14. I 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:

Mary Makeyenko

4-7-98

305-688-4903

CR2E034 (10/97)