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

APPROVED AND FILED

95 MAY 23 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058940 (6)**

1. Corporate Name
TILE ARTISANS GROUP OF FLORIDA, INC.

Principal Street Address
13901 SW 160TH TER
MIAMI FL 33177

Mailing Address
13901 SW 160TH TER
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/23/1993**
3a. Date of Last Report: **05/12/1994**

2. Principal State of Business — 21
2a. Mailing Address — 26

Suite, Apt. # or Rm. — 22 / 27

City — 23 / 28

State — 24 / 25 / 29 / 30

4. FEI Number: **65-0430996** — 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

7. This corporation is organized pursuant to Section 617.1908 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAVEZ, JAIME A
13901 SW 160TH TER
MIAMI FL 33177

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 Section(s) 607.0505, 607.1908 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE

(If changing Registered Agent, new Registered Agent must sign above.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	DP	01 Title	☐ Change ☐ Addition
02 Name	CHAVEZ, JAIME A	02 Name	
03 Street Address	13901 SW 160TH TER	03 Street Address	
04 City-St-Zip	MIAMI FL 33177	04 City-St-Zip	
05 Title	DS	05 Title	☐ Change ☐ Addition
06 Name	CHAVEZ, CLAUDIO	06 Name	
07 Street Address	13901 SW 160TH TER	07 Street Address	
08 City-St-Zip	MIAMI FL 33177	08 City-St-Zip	
09 Title	DT	09 Title	☐ Change ☐ Addition
10 Name	MORENO, JOHNTON	10 Name	
11 Street Address	13901 SW 160TH TER	11 Street Address	
12 City-St-Zip	MIAMI FL 33177	12 City-St-Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City-St-Zip		16 City-St-Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City-St-Zip		20 City-St-Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City-St-Zip		24 City-St-Zip	

14. I 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 below authorizes the same. Each 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: Jaime A. Chavez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05·18·95 (Date)

(305)256-1841 (Daytime Phone Number)

0207383 CP

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FILED

CORPORATION ANNUAL REPORT 1995

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

TALLAHASSEE, FLORIDA

DOCUMENT # P93000059182 (4)

1. Corporation Name
VALPA EXPORT, INC.

Principal Place of Business:
7004 S.W. 114TH PLACE
UNIT A
MIAMI FL 33173

Mailing Address:
7004 S.W. 114TH PLACE
UNIT A
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1993
3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0434714 ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

GALLARDO, LUIS E
7004 S.W. 114TH PLACE
UNIT A
MIAMI FL 33173

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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GALLARDO, LUIS E	1.2 NAME	
STREET ADDRESS	7004 S.W. 114TH PLACE, UNIT A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	GALLARDO, GABRIELE A	2.2 NAME	
STREET ADDRESS	7004 S.W. 114TH PLACE, UNIT A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Gabriele Gallardo 05-12-95 305 596-5401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100001 CP