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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000058940 (6)

TILE ARTISANS GROUP OF FLORIDA, INC.

FILED May 29 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address				a taktibat vin ininu vitit antil antil antil atili atili atili atili brita inili atili atili atili			
19901 SW 160TH TER		13901 SW 160TH TER							
MIAMI FL 331	77	MIAMI FL 33177-1907				1			
						3. Date Incorporated or Qualified 08/23/1993	3a. Date 07/30	of Last /1996	Report
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For
21		26				65-0430996 Not Applicable			
Suite, Apt.	. #, etç.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27			·	5. Commode by Otalia Besilea		Fee F	lequired
City & Star	le	City & State				6. Election Campaign Financing			May Be
23 Zin	Country	28 7in	T - C		,	Trust Fund Contribution	Ш		to Fees
Zip	Country	Zip	30	untry	•	8. This corporation has liability for I	ntangible tar Yes		s. 199.032,
24	25 9. Name and Address of Curre	29 ent Registered Agent	[30]			Florida Statutes 10. Name and Address of New Rec			
CH.	AVEZ, JAIME A	Trafficion Viloni		81	Name	19. Hamb Bild Addition of 1998 (19	Prototor WA		
	NOT SW 180TH TER			82					
	MI FL 33177					ddress (P.O. Box Number is Not Acceptable)			
Min J#	um: 1'6 93 17 7			83	<u> </u>				
ar'									
ı,				84	City		FL	B5 Zip	Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508. Florida Stat	utes, the	abow	e-named con	poration submits this statement for the p			its registered
office or agent. I s	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change wa gations of, Section 607.0505,	s authoriz Florida Sta	ed by atules	the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	t the appoin	tment as	s registered
SIGNATURE	Signature, typed or printed name of registered a	cant and title if numbership	OTL 6	od As-	on e anal us ro-	trod when re net slines	DATE		
12.		gent and title it applicable (N ND DIRECTORS	OTE Hegister		ян в длаште геди	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND D	BECTO	RS IN 12
TITLE	DP OCHOLING AL	DELETE		TITLE		ADDITIONOJOI INTOLO TO OFFIC		Change	Addition
NAME	CHAVEZ, JAIME A		1	1.2 NAME					
STREET ADDRESS	13901 SW 160TH TER				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33177								
TITLE	DS			1.4 CHY+S1-ZIP 2.1 TITLE			[Change	Addition
NAME	CHAVEZ, CLAUDIO		221						
STREET ADDRESS	13901 SW 160TH TER				ADDRESS	•			
CITY-ST-ZIP	MIAMI FL 33177			CHY-9		· · · · · · · · · · · · · · · · · · ·			
TITLE	DT DELETE			3.1 TITLE				Change	Addition
NAME	MORENO, JOHNTON			NAME	-				
STREET ADDRESS	13901 SW 160TH TER				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33177	1		CITY-S	1				
TITLE		DELETE		MLE	/1 44			Change	Addition
NAME				NAME			_		
STREET ADDRESS	1				ADDRESS				
CITY-ST-ZIP	1			CITY-S					
TITLE		DELETE		TITLE	, 211			Change	Addition
NAME				NAME		2000022055 -06/09/97010570			_
STREET ADDRESS)		1		ADDRESS				
CITY-ST-ZIP					1-ZIP	***550.00			
TITLE		DELETE		TITLE	1-615			Change	Addition
- NAME				NAME			Lon	05	
STREET ADDRESS					ADDRESS			10	29
CITY-ST-ZAP				STREET CITY - S	1			٦,	67

I do hereby certify that the information supplied with this filling 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 logal 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.