

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

FILED

May 07 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 # **P94000002898 (2)**
1. Corporation Name
MEXICAN TILE DESIGNERS, INC.

Principal Place of Business 8892 SW 129TH TERR. MIAMI FL 33176	Mailing Address 8892 SW 129TH TERR. MIAMI FL 33176
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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		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29		3. Date Incorporated or Qualified 01/12/1994		4. FEI Number 65-0460003 Applied For <input type="checkbox"/> Not Applicable	
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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PORTILLO, MAURICIO 20500 FT COUNTRY CLUB DR STE 200 AVENUE 9000000000				10. Name and Address of New Registered Agent B1 Name PORTILLO, MAURICIO B2 Street Address (P.O. Box Number is Not Acceptable) 9131 S.W. 122 AVE. APT. 201 B3 B4 City MIAMI B5 Zip Code FL 33186			
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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  (NOTE: Registered Agent signature required when reinstating) DATE **04/27/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input type="checkbox"/> DELETE	1.1 TITLE	P/S/T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PORTILLO, MAURICIO		1.2 NAME	PORTILLO, MAURICIO			
STREET ADDRESS	18045 SW 122 AVE APT 201		1.3 STREET ADDRESS	9131 S.W. 122 AVE. APT. 201			
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	MIAMI, FL. 33186			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	V/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			2.2 NAME	DEL VALLE, CLAUDIA			
STREET ADDRESS			2.3 STREET ADDRESS	9131 S.W. 122 AVE. APT. 201			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	MIAMI, FL. 33186			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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:  DATE **04/27/98** (305) 255 2446

CR2E034 (10/97)