

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000002898

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

P94000002898

FILED

99 APR 29 PM 2: 16



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1994	4. FEI Number 65-0460003	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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country 29 Zip 30
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9. Name and Address of Current Registered Agent
PORTILLO, MAURICIO
9131 SW 122ND AVE
APT 201
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name Mauricio Portillo
82 Street Address (P.O. Box Number is Not Acceptable)
15340 SW 83rd Ave
83
84 City Miami FL 85 Zip Code 33157

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 date if applicable.

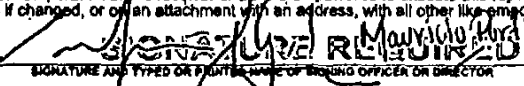
(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PSY ☐ DELETE
NAME	PORTILLO, MAURICIO
STREET ADDRESS	9131 SW 122ND AVE, APT 201
CITY-ST-ZIP	MIAMI FL 33186
TITLE	VD ☐ DELETE
NAME	DEL VALLE, CLAUDIA
STREET ADDRESS	9131 SW 122ND AVE, APT 201
CITY-ST-ZIP	MIAMI FL 33186
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PSY ☐ Change ☐ Addition
1.2 NAME	Portillo, Mauricio
1.3 STREET ADDRESS	15340 SW 83rd Ave
1.4 CITY-ST-ZIP	Miami, FL 33157
2.1 TITLE	VD ☐ Change ☐ Addition
2.2 NAME	Del Valle, Claudia
2.3 STREET ADDRESS	15340 SW 83rd Ave
2.4 CITY-ST-ZIP	Miami, FL 33157
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	100002859451
3.4 CITY-ST-ZIP	-04/30/99--01144--002
4.1 TITLE	****] 50, 60 ****] 50, 60
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
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, with all other like empowered.

SIGNATURE:  President 01/31/99 305 2552446

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/1/98)