

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000019286 (1)**

1. Corporation Name

MASTERPIECE TILE COMPANY, INC.



Principal Place of Business

**10731 S.W. 125TH AVE.
MIAMI FL 33186**

Mailing Address

**10731 S.W. 125TH AVE.
MIAMI FL 33186**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/11/1994

3a. Date of Last Report

05/31/1995

4. FET Number

65-0473319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

**STUTTS, CLIFF
10731 S.W. 125TH AVE.
MIAMI FL 33186**

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 607.1505, 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 in the space provided below.

Signature typed or printed in the space provided below.

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD STUTTS, CLIFF
10731 S.W. 125TH AVE.
MIAMI FL 33186**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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14. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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16. TITLE NAME STREET ADDRESS CITY-ST-ZIP

17. TITLE NAME STREET ADDRESS CITY-ST-ZIP

18. TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed

CR2E034 (12/95)