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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000023462 (2)

EXCLUSIVE TILE, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									MB1 1440 167111 OFOTU OOLUT OO	SE ODIES ODESÕ IIO			
				371 W 21 ST HALEAH FL 33010					DO NOT WE	IITE IN THIS S	SPACE		
								3. Date Inc	corporated or Qualifie	ed			•
								03/28	1/1994				
2. Principal P	Place of Business	2a. Mailing Address						4. FEi Number			Applied For		
21		26					65-0	¥76894	Not Applicable				
Suite, Apt	#, etc.	Suite, Apt. #, etc.						ite of Status Desired		\$8.7	5 Ad	ditional	
22		27					S. Ochinoa	ite or status besired		Fee	Requ	Jired	
City & Stat	te	City & State					6. Election Campaign Financing \$5.00 May Be						
23	1 6	Zip Country					nd Contribution			ed to	··· · · · · · · · · · · · · · · · · ·		
Zip	 1	untry	├─¬ `			ıntry			poration owes or has	· –		_	~
24	25 2. Name and Address of Currer			29 30 Segistered Agent			Personal Property Tax di 10. Name and Address of I						
			it Hogistered	Agent		81	Name	10, 1401110 &	III Addiess of New	negistered i	- Maint		
	osa, alfredo w												
	'1 W 21 ST				82	Street Ac	ldress (P.O. Box I	Number is Not Accep	otable)				
HIALEAH FL 33010						83							
						63							
						84	City			FL	85 Z	Zip Co	de
44 Pursuant	to the provisions of	Cootions 607.050	12 and 607 450	O. Florido Ctatu	on the n	D 01/6	- somed as	renovation as basite	this statement for th		<u> </u>		
office or r	registered agent, or am familiar with, and	both in the State	of Florida, Sur	ch change was.	authorize	d by	the corpor	ration's board of c	directors. I hereby ac	cept the app	ointment ointment	asre	gistered
SIGNATURE									.				
12,	Stonature, lyped or printed	······			d Age	ol signature rec	guired when reinstating)	INCLIANICES TO OF	DATE	Dippol	ropo	151 40	
TITLE	1 	OFFICERS AIN	Dinteriona	DELETÉ	13. 1.1 TI	TLE		ADDITION	NS/CHANGES TO OF	FICERS AND	Chang		Addition
NAME	LOSA, ALFRE	או חח		C occerc	1.2 N						C Onland	go i	
STREET ADDRESS	371 W 21 ST	JO 11					ADDRESS						
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TITLE	D	0010		DELETE	2.1 TJ		1.51				Chang	oe .	Addition
NAME	LOSA, SERGIO	n M			2.2 N							•	
STREET ADDRESS	371 W 21 ST	<i>,</i>			1		ADDRESS						
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TITLE	3 MARCHAILE O	DELETÉ 3.1 TO				71 - ZIF				Chang	oe [Addition	
NAME					3.2 N]						
STREET ADDRESS							ADDRESS						
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NAME				-	4. 2 N								
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CITY-ST-ZIP													
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 altachment with analysis of the corporation of the corporati