PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000023462

EXCLUSI	VE TILE, INC						
Principal Place	e of Business	Mailing Address					
371 W 21 ST		371 W 21 ST					
HIALEAH FL 33	010	HIALEAH FL 33010	0		DO NOT WRITE I	NI TUIC COACE	
					3. Date incorporated or Qualifed	N INIS SPACE	
	Principal Place of Business 2a. Mailing Address				03/28/1994		
2. Principal P	lace of Business	2a. Mailing Addre	ess		4. FEI Number		plied For
21		26			65-0476894		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	_] . \$8.75 /	
22		27			3 ,	Fee Re	equired
City & State	e .	City & State			6. Election Campaign Financing	•	May Be
23		28	<u> </u>		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		ountry	8. This corporation owes the current		
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cur	rent Registered Agent		1	10. Name and Address of New Regi	stered Agent	
1.00	A, ALFREDO W			81 Name			}
				82 Street Ad	dress (P.O. Box Number is Not Acceptable)) .	
	W 21 ST						
HIAL	EAH FL 33010			83			
				84 City		85 Zip	Code
				04 City		FL " E E	}
11, Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florid	da Statutes, the	above-named co	rporation submits this statement for the pur	pose of changing its	realsterea
agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such chanc	de was authorize	ed by the corpora	tion's board of directors, i nereby accept the	e appointment as re	gistered
office or re agent. I a	m familiar with, and accept the obling signature, typed or printed name of registered	ate of Florida. Such chang igations of, Section 607.0 agent and title if applicable	ge was authorize 0505, Florida Sta	ed by the corpora	tion's board of directors. I nereby accept the	DATE	gistered
agent. I all SIGNATURE	m familiar with, and accept the oblessing a signature, typed or printed name of registered OFFICERS	ate of Florida. Such changing attentions of, Section 607.0 agent and title if applicable AND DIRECTORS	ge was authonze 0505, Florida Sta (NOTE: Registere	ed by the corpora atutes. ed Agent signature require.	tion's board of directors, i nereby accept the	DATE ERS AND DIRECTO	DRS IN 12
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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 change for on an attachment with an address with all other than 19 to the corporation 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 change for on an attachment with an address with all other than 19 to the corporation 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 change for on an attachment with an address with all other than 19 to the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. or on an attachment with an address with all other like Trougged.

E PRESIDENTA

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

APR 16 1999

305 884-8500

☐ Change

Addition

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90218 019 ***150.00