

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

ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:10

DOCUMENT # **P94000036289 (4)**

BELLA MAR TILE, INC.

Principal Office: **522 EAST 40TH ST. HIALEAH FL 33013**
Mailing Address: **522 EAST 40TH ST. HIALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 05/13/1994	3a. Date of last report
4. FIC Number 65-0494212	Approved For 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
8. This corporation has liability for intangible tax under S. 190.03(2) Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office (City, State, ZIP)	2a. Mailing Address (City, State, ZIP)
21. State of Report	26. State of Report
22. City, State, ZIP	27. City, State, ZIP
23. Country	28. Country
24. State	29. State
25. ZIP	30. ZIP

9. Name and Address of Current Registered Agent

**ALFONSO, ONELIA B
522 EAST 40TH STREET
HIALEAH FL 33013**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City, State, ZIP
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 601, 602 and 607, 1968, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by law in the State of Florida. Such change was authorized by the corporation's board of directors and the appointment of its registered agent. I am familiar with and accept the compliance of this report under Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

1. NAME	PSD ALFONSO, ONELIA B
2. STREET ADDRESS	522 EAST 40TH ST. HIALEAH FL 33013
3. CITY	
4. NAME	
5. STREET ADDRESS	
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (Check Change or Addition)

16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this report substantially complies and is true and correct, and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the compliance of this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 1 of Block 1 of said report as an authorized officer.

SIGNATURE: *Onelia B. Alfonso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95 305-693-5599