

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000067532 (9)**

1. Corporation Name

JOSE'S CERAMIC TILE CORP.

Principal Place of Business

**7811 NW 32ND ST
MIAMI FL 33122**

Mailing Address

**7811 NW 32ND ST
MIAMI FL 33122**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt., Etc.

26 State, Apt., Etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**LORA, JOSE A
7811 NW 32ND ST
MIAMI FL 33122**

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 Section 609.05(2)(a) and (b), 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 609.05(2)(a), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	LORA, JOSE A	
STREET ADDRESS	10301 SW 132ND AVE	
CITY, ST, ZIP	MIAMI FL 33186	
TITLE	DS	☐ DELETE
NAME	LORA, JUANA I	
STREET ADDRESS	10301 SW 132ND AVE	
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. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	☐ Change ☐ Addition
2. TITLE	
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	☐ Change ☐ Addition
3. TITLE	
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	☐ Change ☐ Addition
4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	☐ Change ☐ Addition
6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	☐ Change ☐ Addition
7. TITLE	
7. NAME	
7. STREET ADDRESS	
7. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this report is required to supplement the annual report is true and accurate and to do so, signature shall have the same legal effect as if made under oath. I am an officer or director of the Corporation or the receiver or trustee empowered to execute this report as required by Chapter 633, Florida Statutes, and that my name appears in Block 12 or Block 13, as appropriate, on an attachment with an address.

SIGNATURE: *Jose A. Lora* **JOSE A. LORA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-10-96 ✓ 305-594-0303

CR2E034 (12/95)