**PROFIT** CORPORATION ANNUAL REPORT

:1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000067532

1. Corporation Name

JOSE'S CERAMIC TILE CORP.

Principal Place of Business	Mailing Address	
7811 NW 32ND ST MIAMI FL 33122	7811 NW 32ND ST MIAMI/FL 33122	

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90192 032 \*\*\*150.00



Principal Place	of Business	Mailing Address	<del>.</del>		_		f <b>ga</b> idi <b>go</b> ile e		<b>10</b> 1411 <b>0</b> 13 <b>5</b> 1 1 <b>90</b> 1
7811 NW 32ND		7811 NW 32ND ST							
MIAMI FL 33122		MIAMI FL 33122						_	
]						DO NOT WRIT	E IN THIS	SPACE	
. 1						3. Date Incorporated or Qualifed			
*						09/14/1994			
<del>-</del>	ace of Business	2a. Mailing Address				4. FEI Number		1—1-	Applied For lot Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						65-0519260	`		Additional
						5. Certificate of Status Desired		Fee F	
22						6. Election Campaign Financing		\$5.00	May Be
23 28						Trust Fund Contribution			I to Fees
Zip				Ŋ		8. This corporation owes the curre	nt year Inta	ngible	
24	25	29 3	0			Personal Property Tax.	70.00	Yes	□No
1	9. Name and Address of Current	Registered Agent				10. Name and Address of New Ro	egistered A	\gent_	
			8	1 N	ame				1
	A. JOSE A		83	2 S	treet Addre	ss (P.O. Box Number is Not Acceptal	ole)		~~~ <del>~</del>
7811 NW 32ND ST									
MIAN	fl FL 33122		8:	3		· .			
:	•		84	4 C	ity			85 Zip	Code
	<u> </u>		Ì	1	•	· · · · · · · · · · · · · · · · · · ·	<u>FL</u>	1 1	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes of Florida, Such change was auti	, the abor	ve-na	med corpor	ration submits this statement for the parts of the parts of directors. I hereby accept	ourpose of one of the appointment of the appointmen	changing i tment as i	ls registered registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statute	s.	oo po auoi	, <b>5 22-10 6. 4</b> .1.00.07.07.1.1.1,02.5			
SIGNATURE									
<u> </u>	Stgnature, typed or printed name of registered agent		<u> </u>	ent sig	nature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ANI	DIRECT	OPS IN 12
12.	OFFICERS AND	D DIRECTORS  DELETE	13.		<del> </del>	ADDITIONS/CHANGES TO OFF	ICERS AIN	Change	
TITLE			1,2 NAME						
NAME	1 20124 4000 11				NDESC.				i
STREET ADDRESS	10007 011 190110 7110			1.3 STREET ADORESS					ļ
CITY-ST-ZIP TITLE			1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition
NAME	LORA, JUANA I	<u> </u>	2.2 NAME					_ ,	_
	10301 SW 132ND AVE		2.3 STREET ADDRESS		DESS			-	ŀ
STREET AODRESS	MIAMI FL 33186	=		2,4 CITY-ST-ZIP					ļ
TITLE	MINIMI I E 33 166	☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME		l l	•			
STREET ADDRESS		•	3.2 TO STREE		DRESS .				}
City-St-zip			3.4. CITY-						
TITLE	***************************************	☐ DELETE	4.1 TITLE				•	Change	Addition
NAME	•		4, 2 NAME	E	•				
STREET ADDRESS	*		4,3 STRE	ET AD(	RESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIF	,				
TITLE		☐ DELETE	5.1 TITLE			·		Change	noitibbA 🔲 🗧
NAME			5.2 NAME	•		•			· ·
STREET ADDRESS			5.3 STRE		RESS				
CITY-ST-ZIP	5.4		5.4 CITY-	5.4 CITY-ST-ZIP					
TITLE	☐ DELETE 6.1		6.1 TITLE					☐ Change	Addition
NAME	62N		6.2 NAME	•				•	
OTDEET ADDRESS	•		6.3 STREE	ET ADE	RESS				

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental annual eport 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 of the receiver or rustee 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 attachment with an address, with all other like empowered.

SIGNATURE: