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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthamy 3

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

P94000083715

J.D. DECORATIVE TILES & STONE PRECAST, INC.

Principal Place of Business

Mailing Address

| 3535 NW 49th Street | | | | | |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------|---------------------------------------------|-----------------------------------|
| Miami, Fl. 33142 | | | | 3. Date incorporated or Qualified | Sa. Date of Last Report |
| | | | | | July 1/3 3/ |
| 2 Dringing P | aco of Ri singee 2a M | ailing Address | | | Applied For |
| 2525 181 4045 01 | | | 65-0533979 | Not Applicable | |
| 21 3335 NW 49TR St. 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | \$9.75 Additional |
| 27 | | | | 5. Certificate of Status Desired | Fee Required |
| City & State City & State | | | ······································ | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Miami, Fl. 28 | | | | Trust Fund Contribution | Added to Fees |
| Zip Country Zip | | Country | 8. This corporation has liability for i | ntangible tax under s. 199.032, | |
| 24 3314 | 12 25 U.S.A. 29 | | 30 | Florida Statutes | Yes 🔣 No |
| | 9. Name and Address of Current Register | ed Agent | | 10. Name and Address of New Re | platered Agent |
| 0.0 | 0100 000000 | | 81 Name | DDY DELGADO | |
| CHUCO (ADECUA) | | | | dress (P.O. Box Number is Not Acceptate | ie) . |
| 60 E. 44 St. | | | | 535 NW 49 Stu | et |
| Haliak, F1 33013 | | | | • | |
| 84 Çity // | | | | | 85 Zip Code |
| | | / | 11114 | aleah | - FL 43 <i>1412</i> - |
| 11. Pursuarit i | to the provisions of Sections 607,0502 and 607, registered agent, or book, it the Staton Florida or familiar with, and account of provisions of, S | 1508, Florida Statutes | s, the above-named co | reporation submits this statement for the p | urpose of changing its registered |
| office or n agent Tai | rigistered agent, or door, in the Gladdy Flooda mitamiliar with, and accept by obligations of, S | ection 607.0505, Flor | ida Statutes. | anon's board of directors. Thereby accep | it the appointment as registered |
| SIGNATURE. | The second | | DELGADO Registered Agent's gnalure red | | 122197 |
| SIGNATONE. | Signuture, typed or printed name of registery, agent and little ag | | | | DATE |
| 12. | OFFICERS AND BIRECTO | | 13. | ADDITIONS/CHANGES TO OFFIC | |
| ld, f | PRESIDENT/TREASURER | ' '-DELETE | 1.1 TITLE | - | Change had Addition |
| NAME | EDDY DELGADO | | 1.2 NAME | | |
| STREET AUDRESS | 3535 NW 49 Street | | 1.3 STREET ADDRESS | • | |
| City - S1 - ZiP | MIAMI, FLORIDA 33142 | | 1.4 CITY+ST-ZIP | | - |
| *III(# | SECRETARY 33142 | DELETE | 21 TITLE | | Change Moddition |
| NAME | REBECA DELGADO | | 2 2 NAME | | |
| STREET ADDRESS | 3535 NW 49 Street | | 2 3 STREET ADDRESS | | |
| 01* 5! Z+! | HIALEAH, FL. 33142 | | 2 4 City - St - ZiP | | |
| गारह | HIADEMI, FD. 55142 | LEA DEFEAT | 31 TITLE | | Change Addition |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | • | | 3.3 STREET ADDRESS | | |
| (a5 - \$1 2# | | | 3 4. C/TY - ST - Z/P | | |
| TITLE | | DELETE | 4 1 TITLE | | Change Addition |
| NAM: | | | . 4 2 NAME | • | |
| STREET ADDRESS | · | | 4.3 STREET ADDRESS | | りをなべ |
| COLST Jac | | | 44 CITY- ST-ZIP | B | |
| 117U | | DELETE | 5 1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STEHEL ADDRESS | | | 5.3 STREET ADDRESS | • | |
| CITY SEZIE | | | 5 4 CITY-ST-ZIP | | |
| 1:11.8 | | DELETE | 6.1 TITLE | | Change Addition |
| MAME | | | 6.2 NAME | 30000216 -05/07/970109 | $\mathcal{G}_{\mathcal{A}}$ |
| SIRC-LADORESS | | | 6.3 STREET ADDRESS | -U5/U1/31U1U5 | 3030 |
| 64 41 | | | 6.4 CITY_ST_7IP | ***165.00 | |

14. I do hersby certify that the information supplied with this filing dose not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated on this annual report or supplemental angular 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 of 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 30 on an arrangement with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDDY 1 DELGADO

FILED

May 01 1997 8:00am

Secretary of State