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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000083715 (0)

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

FILED Feb 27 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			T TABLIBET LES SAIN ATON OUTH CONTRACT ADIO, INTER SIST INCOLUNAL OUT 1841		
3535 N.W. 49TH MIAMI FL 33142		3535 N.W. 49TH ST. Miami FL 33142			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified 11/16/1994		
2. Principal Place of Business		2a. Mailing Address 26	Fq "		4. FEI Number 65-0533929	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25		Country 30	/ 	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registers	ad Agent	
DELC	GADO, EDDY		81	Name			
	i N.W. 49 STREET Eah Fl 33412		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83				
			84	City	F	85 Zip Code	
office or rec	distanced agont, or both, in the St	0502 and 607.1508, Florida Statute late of Florida. Such change was a oligations of Section 607.0505, Flo	uthorized b	v the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	a of changing its registered appointment as registered	
SIGNATURE 5	gnature, typed or printed hance of registered	d agent and title if applicable (NOTE	: Registered Ag	ent signature requ	uirod when reinstating) DATI	<u> </u>	
12.		AND D'RECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	
TITLE	PT	DELETE	1.1 TITLE			Change Addition	
NAME	DELGADO, EDDY		1.2 NAME				
STREET ADDRESS	3535 N.W. 49 STREET		1.3 STREE	I ADORESS			

SIGNATURE	Signature, typed or printed name of registered agent and	0.010	Registered Agent signature requir	rod when reinslation) DATE	
12.	OFFICERS AND D'RECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE [PT	DELETE	1.1 TITLE	Change Addition	
NAME	DELGADO, EDDY		1.2 NAME		
STREET ADDRESS	3535 N.W. 49 STREET		1.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMI FL 33142		1.4 CtTY+ST-ZIP		
TITLE	S	DELETE	2.1 TITLE	Change Addition	
NAME	DELGADO, RESECA		2.2 NAME		
STREET ADDRESS	3535 N.W. 49 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33142		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TOTLE		DELFTE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELFTE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			C 4 C)TV CT 710		

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 is suppliemental 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 exemption or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if manged, or opin attachment with an address.

2/23/98 (305) 635-7678