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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P94000086980 (7)

N.P. TILES CORP

	TILLO, COM				} 64			
Principal Place	of Business	Mailing Address	·			erili Jehi Jehi i	DIA LEHE DIÑ	
1850 WEST 58 STREET #4 HIALEAH FL 33012		1850 WEST 58 STREET #4 HIALEAH FL 33012						
					3. Date Incorporated or Qua 11/28/1994	lified 3a. C	Date of Last P 05/01/1	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		·	Applied For
Suite, Apt. 4	f etc	26			65-0549585			Not Applicable
City & State		27		5. Certificate of Status Desir	ed 🗆	\$8.75 Additional Fee Required		
23		City & State			Election Campaign Finance Trust Fund Contribution	ing 🔲		May Be
Zip	Country	Zip	Country		8. This corporation has liabili	ty for intangible		
24	25	[29]	[30]		Florida Statutes] Yes 🎇 No		
	9. Name and Address of Curr	rent Hegistered Agent			10. Name and Address of I	lew Registere	d Agent	
DEDET	MOLAN		81	Name				
	, nolan Vest 58 street #4		82	Street Addre	ess (P.O. Box Number is Not Acc	eptable)		
	NH FL 33012		83					
INACEA	WITE COULE							
			84	Crty		F	85 Zi	p Code
familiar with	o the provisions of Sections 607.05 and agent, or both, in the State of Finn and accept the obligations of, So	ection 607.0505, Florida Statute	ites, the above no szed by the corpo is.	ration's poan	a or directors. Thereby accept thi	ne purpose of de appointment	changing its r as registered	egistered office lagent. I am
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO		ND DIRECTO	DBS IN 12
TITLE	DPST	☐ DEFETE	1 1 TULE				Change	Add tion
NAME	PEREZ, NOLAN		1.2 NAME					
STREET ADDRESS	1850 WEST 58 STREET			priorec				
CITY+ST-ZIP TITLE	HIALEAH FL 33012	P4	13 STREET A	CONC.3.3				
			14 CITY - \$1					
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14. To hereby certify that the information supplied with this filing 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 indicated on this annual report or supplemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: <

CHANGE OF SIGNING OFFICER OR DIRECTOR

196 (305) 823-8022