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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000008320

STREET ADDRESS

| OSCAR TILE, INC. | | | |
|------------------------------------|----------|--|---------|
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| Principal Place of Business | N | lailing Address | |
| 4694 NW 183RD ST MIAMI FL 33055 | | 195 NW 113 TERRACE IAMI FL 33167 S | |
| Principal Place of Business 1 | 2a 26 | , Mailing Address | |
| Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | |
| City & State | 28 | City & State | |
| Zip Cou | untry | Zíp | Country |

Feb 08, 1999 8:00 am Secretary of State

02-08-1999 90047 023 ***150.00

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| 4694 NW 183RI | | | | 95 NW 113 TERRACE | | | | | | • | | |
| MIAMI FL 33055 MIAMI FL 33 US | | | I FL 33167 | | | DO NOT WRITE IN THIS SPACE | | | | | | |
| | | | 00 | , | | | | 3. Date Incorporated or Qual | | IIS SPACE | | l |
| | | | | | | | | 01/30/1995 | | | | |
| 2. Principal P | Place of Bus | iness | 2a. | . Mailing Address | | | | 4. FEI Number | | Ap | plied For | G. |
| 21 | | | 26 | | | | | 65-0595582 | | No | t Applicable | 3. |
| Suite, Apt. | #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desire | ed 🗆 | \$8.75 | Additional | : |
| 22 | | | 27 | | | | | 5. Controdic of Otalus Besire | <u>~</u> | Fee Re | quired | |
| City & Stat | te · | • | <u> </u> | City & State | | | | 6. Election Campaign Finance | lng 🗆 | \$5.00 | | |
| Zip | | Country | 28 | Zip | Cour | ntn. | | Trust Fund Contribution | | Added t | o Fees | |
| — · | | Country | 29 | Zip | 30 | i iu y | | This corporation owes the Personal Property Tax. | current year | Intangible TYes | □No | |
| 24 | 9 Name | 25 e and Address o | | stered Agent | 1301 | | | 10. Name and Address of No | ew Registere | -21 | | |
| | | | | | | 81 | Name | 10. | | 2 | | |
| | ieu, euge | | | | | 00 | Otro et foldres | or (D.O. Double shorts Make Ass | | | | |
| 4694 | 4 NW 183 | | | | | 82 | Street Addres | ss (P.O. Box Number is Not Acc | ceptable) | | 1 5 · · • 1 1 /2/9 | |
| | MI FL 3305 | 55 | | | Ī | 83 | | | | | 16 (4) | |
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| | | | | | | 04 | City | | | 0.0 | `odo | |
| | | | | | | 84 | City | | F | 85 Zip (| Code | |
| MIAN | to the provi | sions of Sections | 607.0502 and 6 | 607.1508, Florida Statu | ites, the ab | oove- | -named corpor | ration submits this statement for | the purpose | of changing its | registered | |
| MIAN 11. Pursuant office or n | to the provi | aent, or both, in th | he State of Florid | 607.1508, Florida Statu da. Such change was , Section 607.0505, Fl | ites, the ab | oove- by t | -named corpor the corporation | ration submits this statement for 's board of directors. I hereby a | the purpose | of changing its | registered | |
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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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS