FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000009754 (9)

DOCUMENT # 1. Corporation Name	P95000009754	(9)
PROFESSIONAL TILE	INSTALLATION SERVICE, CO	RP.

Principal Place of Business Mailing Address					4810 INNI IN	IOI OIII OIII IEO			
1214 W. 79TH STREET 1214 W. 79TH STREET HIALEAH FL 33014 HIALEAH FL 33014									
		-			3. Date Incorporated or Qualified 02/06/1995	3a. Date	of Last Re	eport	
2. Principal Pla	ace of Business	2a, Mailing Address	¬ -		4. FEI Number	 .	⊢ -+-	Applied For	
Suite, Apt. #	f etc	26 Suite, Apt. #, etc.			65-063772	੨	$ \cdot$ $ \cdot$	Vot Applicable	-
22		27	Outo, r.p.t. n, oto.		5. Certificate of Status Desired	X		Additional Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution			May Be d to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible ta		_ 	1
24	25	29	30		1 2	□No		,	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered A	gent]
	*****		81	Name					
	, JUAN D		62	Street Addr	ess (P.O. Box Number is Not Acceptab	ie)			1
	7. 79TH STREET		83						┨
HIALEA	H FL 33014		03						
			84	City			85 Zip	Code	1
11. Pursuant to	the provisions of Sections 607.05	02 and 607,1508, Florida Statu	tes, the above r	named corpor	ation submits this statement for the pur	unse of char	nging its re	edistered office	1
or registere	ed agent, or both, in the State of Flo n, and accept the obligations of, So	orida. Such change was authori:	zed by the corp	oration's boar	rd of directors. Thereby accept the appo	intment as r	egistered	agent. I am	
SIGNATURE _			5.000 5.000 5.000	,,	year of the second of the seco				
12.	Signature, typed or printed name of registered ag OFFICERS A	on and the rappicable (N	O1E Registered Agen	* signature require.	ADDITIONS/CHANGES TO OFFI	DATE CERS AND I	DIBLOTO	DS IN 12	93
TITLE	PVST	DELETE	1 1 TITLE	I	ADDITIONAL OF THE OFFI		Change	Addition	CR2E034 (12/95)
NAME	NODAL, JUAN D		1.2 NAME			_	•		4
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CITY-ST-ZIP			64 CITY - ST		79 T K 1 F 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C				
certify that I oath; that I	the information indicated on this an	nual report or supplemental ann poration or the receiver or truste	iual report is tru se empowered t	e and accurat	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flo	same legal et	ffect as if r	rnade under	
SIGNAT	IRF Jul	an D. nodal	·	-	3/16/96	(305)	827-6	6886	
JIGHAI		OR PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR		Colto	Da/	tine Phone #		ĺ