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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052185 (2)

FILED May 05 1997 8:00am Secretary of State

A & C CERAMICA TILES, INC. Principal Place of Business Mailing Address 1025 SW 123 PL. MIAMI FL 33184 MIAMI FL 33184-2451						······································	······································	·						
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2. Principal F	lace of Busi	noss		2a. Mailing A	Address				4.	FEI Number		410 11		oplied For
21 Suite, Apt. #, etc. 22			2	26]) a= a=a 4=aa			ot Applicable		
				Suite, Apt. #, etc.				\$						
City & Stat	le			City & SI	tate				6.	Election Campaign Financin	10		\$5.00	May Be
23			2	28					ı .	Trust Fund Contribution				to Fees
Zip	,	Country		Zip		Countr	ry		8.	This corporation has liability				. 199.032,
24		25		29		30			Ļ	Florida Statutes	Yes			
		and Address of	Current Re	gistered Age	ent	81	41 41	Name	10.	Name and Address of Nev	w Register	d Age	nt	
BATALLAN, ANGEL L						•	" "	Name	le .					
1025 SW 123 PL. Miami FL 33184					8.	2 S	Street Addres	ess (P.O. Box Number is Not Acceptable)						
						82	3							
						8/	4 C	City		, , , , , , , , , , , , , , , , , , ,	F	8	5 Zip	Code
11. Pursuant	to the arove	sions of Sections 6	507 0502 an	d 607 1508	Florida Statut	es the above	Ve-na	വസ്ക് വസം		n submits this statement for :	ากค กมากกระ			
11. Pursuant office or agent. La		sions of Sections (gent, or both, in the vith, and accept the documents of regions of regions.)						named corporation		n submits this statement for poard of directors. I hereby a	the purpose accept the a		ment as	registered
		d or printed name of regi		d title if applicable					d when		DAT			
SIGNATURE	Signature, typo	d or printed name of regi OFFICE	stered agent and	d title if applicable RECTORS		E Registered A	gent si		d when	n reinstaling)	DAT	ND DII		RS IN 12
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I. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

4/25/97 (305) V52-5727
Daylere Proce #