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

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 JUN-4 AM 6: 34 DIVISION OF CORPORATIONS DOCUMENT # 795000077793 SECRETARY OF STATE TALLAHASSEE, FLORIDA Premier Tile of Central Florida, Inc. Principal Place of Business Mailing Address 8712 E Cresco Ln Same Inverses FL 34452 3. Date Incorporated or Qualified 3a. Date of Last Report Oct 6, 95 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For Po Box 670 Suite, Apt. #, etc. 65-0612105 21 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be FL Ineness Trust Fund Contribution 23 28 Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No 25 29 VSA 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 34453 84 City Zip Code 65 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE 1 1 11TLE President Change Addition TITLE Suggs thomas st 1.2 NAME NAME Forest 3221 1 3 STREET ADDRESS STREET ADDRESS 34453 Inverses FL Invernoss 1.4 OffY - \$1 - ZIP CITY-ST-ZIP 1 0000220**6\$@1 □~®** -06/09/97--01182--013 DELETE 2 1 TITLE TITLE 2.2 NAME Allan Desus NAME Lopez 3507 Arlington Ane \*\*\*\*165.00 \*\*\*\*165.00 2.3 STREET ADDRESS STREET ADDRESS 33607 2 4 CITY - \$1 - 7/P CITY-ST-ZIP DELETE Change Addition 3.1 11TLF TITLE Marco Tylio Gonez 3507 Arlington Ave 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS Tampa FL 33607 3 4. CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1.1III.E TITLE Marcelino Gomez NAME 4. 2 NAME 3507 Arlington Ave Tumpu FC 33607 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition 5.1 1ITLE TITLE Treasurer 6-6.97 5.2 NAME BAY Suggs B712 15 Cresio Ln NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-SY-ZIP Addition DELEJE 6 1 111LE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY+S1-ZiP 14. 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 eath; 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. 6/3/97 352.637-2422 SIGNATURE: