

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

FILED

Mar 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000003578 (7)

1. Corporation Name  
GEMINI TILE SERVICE, INC.



Principal Place of Business

Mailing Address

9620 SW 65TH ST.  
MIAMI FL 33179

9620 SW 65TH ST.  
MIAMI FL 33173-2212

11360 SW 112 CIRCLE LANE SOUTH  
MIAMI FL 33176

SAME

2. Principal Place of Business

2a. Mailing Address

21 11360 SW 112 CIRCLE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LANE SOUTH

27

City & State

City & State

23 MIAMI FL

28

Zip

Country

Zip

Country

24 33176

25 D92E

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
01/11/1996

3a. Date of Last Report  
N/A

4. FEI Number  
65-0710919

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

GARDNER, LEONARD L  
7101 SW 102ND AVE.  
MIAMI FL 33173

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES. ☐ DELETE

1.1 TITLE PRES. ☐ Change ☒ Addition

NAME MIGUEL A BLANCO  
STREET ADDRESS 11360 SW. 112 CIRCLE LANE SOUTH  
CITY-ST-ZIP MIAMI, FL 33176

1.2 NAME MIGUEL A BLANCO  
1.3 STREET ADDRESS 11360 SW 112 CIRCLE LANE SOUTH  
1.4 CITY-ST-ZIP MIAMI, FL 33176

TITLE SECRETARY ☐ DELETE

2.1 TITLE SECRETARY ☐ Change ☒ Addition

NAME SARAH CAIRO  
STREET ADDRESS 11360 SW 112 CIRCLE LANE SOUTH  
CITY-ST-ZIP MIAMI, FL 33176

2.2 NAME SARAH CAIRO  
2.3 STREET ADDRESS 11360 SW 112 CIRCLE LANE SOUTH  
2.4 CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-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 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 DIRECTOR

2/12/97

305-971-9040

CR2E034 (9/96)