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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600020369

1. Corporation Name

PUJOL TILES, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90220 024 ***150.00



	<u>:</u>									
Principal Place of Business Mailing Address									1711# #1	
14370 S.W. 46TH TERRACE 14370 S.W. 46TH TERF			370 S.W. 46TH TERRACI	Æ						
MIAMI FL 33175. MIAMI FL 33175			AM) FL 33175				DO NOT WRITE IN TH	TIG GDACE		
							3 Date Incorporated or Qualifed	IIS SPACE		
							03/05/1996			
Principal Place of Business 2a, Mailing Address							4. FEI Number		Appl	ied For
			26.				65-0647046			Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.7	5 Ad	ditional
22			27				5. Certifcate of Status Desired	Fer	e Req	uired
City & State			City & State				=6,=Election Campaign Financing	\$5:	00±M	lay Be===
23			28				Trust Fund Contribution Added to Fees			
Zip Country			Zip Country				8. This corporation owes the current year Intangible			
24	25 29			30			Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Curren	t Regis	stered Agent				10. Name and Address of New Register	ed Agent		
DU	01 1005 14				81	Name				
PUJOL, JOSE M					82	Street Ac	dress (P.O. Box Number is Not Acceptable)			
14370 S.W. 46TH TERRACE										
MAN	VII FL 33175				83	ļ				-
					84	City	<u></u>	. 85	Žip Co	ode
						}	F	·L		
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statut	tes, the at	bove	e-named co	propration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing	g its re s regi	egistered stered
agent. I a	im familiar with, and accept the obliga	tions of	, Section 607.0505, Flo	rida Stati	ites		·	,		
SIGNATURE										
	Stgnature, typed or printed name of registered ager			<u> </u>	Agen	nt signature requ	uired when reinstating) DATE	AND DIDE	CTOR	C IN 12
12.	OFFICERS AN	ID DIKE	DELETE	13. 1.1 TII	7 E	1	ADDITIONS/CHANGES TO OFFICERS	Char		Addition
TITLE	,								.5-	
NAME.	PUJOL, JOSE			1.2 NA						
STREET ADDRESS	14370 S.W. 46TH TERRACE					ADDRESS				ļ
CITY-ST-ZIP	MIAMI FL 33175		DELETE	1.4 CF 2.1 TF		T-ZIP		Char	nae	Addition
TITLE	VSD MADIA								.50	
NAME	LASTRE, MARIA			2.2 N						
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NAME				3.2 NA				•		
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NAME				4.2 N			•.			. }
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NAME				5.2 NA		E ADDDESS	•			{
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TITLE			DELETE	6.1 TF]		Char	ige	Addition
NAME				6.2 N/						į
STREET ANDRESS	· ·			6.3 ST	REET	ADDRESS		,		1

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

SIGNATURE:

CITY-ST-ZIP