FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FILED PROFIT FLORIDA DEPARTMENT OF STATE Jun 02 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # Ja. Marble & Tile Inc. Principal Place of Business Mailing Address 6- Nm Address 88 135 W EAN-50-974 村 33012 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 🛛 Yes 🗌 No 29 Fiorida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 83 City 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 reinstatting) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition THORNA PLESIDENT TITLE 1.1 TITLE JUAN CARJOS ZARUGOZA JANGERNET 33012 NAME 1.2 NAME STREET ADDRESS 1,3 STREET ADDRESS CITY-ST-ZIP 14 CITY - ST - ZIP ADA ACIAS 21 TITLE Change Addition TITLE 135038 St (Searchey) NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELFIE Change ☐ Addition 311HLE: ; TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STHEET ADDRESS 3 4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1.3 ITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ACORESS 4.4 CITY - S1 - 7/P CITY-ST-ZIP DELETE 51 11111 ☐ Change ___ Addition TITLE 500002207285 5.2 NAME NAME -06/10/97--01038--020 5.3 STREET ADDRESS STREET ADDRESS ***165.00 5.4 CITY+ST- ZIP CITY-ST-ZIP TITLE DELETE 61 MH Change Addition

SIGNATURE:

NAM

STREET ADDRESS

Ada Arias-Sec.

14. To 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 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 composition of 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

6.2 NAME

6.3 STREET ADDRESS

305 8263382