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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000045339 (4)

1. Corporation Name
H.G. TILE & MARBLE, CORP.

Principal Place of Business
440 E. 23 ST., #1218
HIALEAH FL 33013

Mailing Address
440 E. 23 ST., #1218
HIALEAH FL 33013-3940



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1996	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0668837		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GONZALEZ, HENRY
440 E. 23 ST., #1218
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DS
NAME	GONZALEZ, HENRY	1.2 NAME	GONZALEZ, EDWIN
STREET ADDRESS	440 E. 23 ST., #1218	1.3 STREET ADDRESS	9917 W. Okeechobee RD. #4501
CITY-ST-ZIP	HIALEAH FL 33013	1.4 CITY-ST-ZIP	HIALEAH FL 33016
TITLE	DT	2.1 TITLE	
NAME	GONZALEZ, EDWIN	2.2 NAME	
STREET ADDRESS	9917 W. OKEECHOBEE RD., #4501	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	GONZALEZ, JOSE G	3.2 NAME	
STREET ADDRESS	964 W. 81 RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	GONZALEZ, NEIL	4.2 NAME	
STREET ADDRESS	749 W. 85 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____ DATE: 3/21/97 (205) 826-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)