

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

0128944

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90070 004 \*\*\*150.00

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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number

65-0668837

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 3394 W 74 ST.

Suite, Apt. #, etc.

22 City & State  
HIALEAH GDA FL

23 Zip  
33018

24 Country  
USA

2a. Mailing Address

26 8500 SW 8th St.

Suite, Apt. #, etc.

27 Suite #240

28 City & State  
MIAMI FL

29 Zip  
33144

30 Country  
DADE

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 POLLEDO, ELISEO L.

82 Street Address (P.O. Box Number is Not Applicable)  
8500 SW 8th St.

83 Suite #240

84 City MIAMI FL 85 Zip Code 33144

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

TITLE DP  
NAME GONZALEZ, HENRY  
STREET ADDRESS 440 E. 23 ST., #1218  
CITY-ST-ZIP HIALEAH FL 33013

TITLE DS  
NAME GONZALEZ, EDWIN  
STREET ADDRESS 9917 W. OKEECHOBEE RD., #4501  
CITY-ST-ZIP HIALEAH FL

TITLE DV  
NAME GONZALEZ, JOSE G  
STREET ADDRESS 964 W. 81 RD.  
CITY-ST-ZIP HIALEAH FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME GONZALEZ, EDWIN  
1.3 STREET ADDRESS 3394 W 74 ST.  
1.4 CITY-ST-ZIP HIALEAH GDA FL 33018

2.1 TITLE DS  
2.2 NAME GONZALEZ, SARAH  
2.3 STREET ADDRESS 3394 W 74 ST.  
2.4 CITY-ST-ZIP HIALEAH GDA FL 33018

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)