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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000050525 (0)

R & A TILE CORP.

## FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1840 W. 49 ST., STE 729 1840 W. 49 ST., STE 729 HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1996 Principal Place of Business Mailing Address 3250 Applied For ~( LF 65-0678402 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Properly Tax due June 30. 10. Name and Address of New Registered Agent of Current Registered Agent abreu. Alfredo 1840 W. 49 ST., STE 729 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 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 registers it agent and little if applicable (NOTE: Registered Agent signature required when reinstalling) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE NAME 1.2 NAME CRZE034 STREET ADDRESS 1.3 STREET ADDRESS CITY-\$T-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 1111.5 Change Addition LEREPO ABREU NAME 2.2 NAME 3250 677 PL STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST- ZIP Hebaleah Fla 33010 DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Addition TITLE 5.1 TITLE NAME 52 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE 400002528684 NAME 6.2 NAME -05/19/98--01031--057 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 14. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or inspect empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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Block 12 or Block 13 il changed, or on an j

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