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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Piace of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600053105 (8)

USA-AMERICAN TILE CORP.

3645 NW 78TH AVE. 3645 NW 78TH AVE. MIAMI FL 33166 MIAMI FL 33166-6605 3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For PPLIED 26 Not Applicable 21 Suite, Apt. #, etc. Suita, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEREZ, CARLOS S 3845 NW 78TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 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, typical or proted name of rogistered agent and time if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. HILE DELETE 1.1 TITLE ☐ Change ☐ Addition PEREZ, CARLOS S NAM 1.2 NAME CR2E034 3645 NW 78TH AVE. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** 14 CITY+ST-ZIP CHY ST-ZIP DELETE Change Tatte 2.1 TITL€ Addition 22 NAME NAMi 2.3 STREET ADORESS STREET ADDRESS Cify St-7IP 2.4 CITY-ST-29P ☐ Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAMI STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-SY-ZIP CITY ST ZP DELETE THE 4.1 TITLE Change Addition 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CIDY-\$1-20

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 eath; 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

5.1 TITLE

5.2 NAME

6.1 TITLE

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

62 NAME 4-6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CHY-SI-ZIP

City ST ZIP

THUE

CHAPTHAM (SLOCK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

***165.00

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FILED

Apr 23 1997 8:00am

Secretary of State

Daytinya Phone #

Change

Change

Addition

☐ Addition

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