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

PROFIT CORPORATION ANNUAL REPORT **19**98



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000078230 (5) DOCUMENT #

ZION TILE CORPORATION

Principal Place of Business Mailing Address 9835 SUNSET DR 9835 SUNSET DR MIAMI FL 33143 MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0705366 26 Not Applicable Suite, Apt. #, etc. Suite, 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 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 7 Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER #3550 82 Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH BISCAYNE BLVD 83 **MIAMI FL 33131** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change 1.1 TITLE Addition NAME INCHAUSTEGUI, SANDRA 1.2 NAME 11105 SW 128TH CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3 1 TITLE ☐ Change Addition NALIF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE

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. SANDER Inchaistogue

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May 05 1998 8:00am

Secretary of State