

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90154 009 \*\*\*150.00

0123812

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P97000029974**

1. Corporation Name  
**CDN TILE SETTER, INC.**

Principal Place of Business 1100 NE 1ST CT #1 HALLANDALE FL 33309	Mailing Address 1100 NE 1ST CT #1 HALLANDALE FL 33309
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 301 NE 1A AV	Suite, Apt. #, etc.	26 301 NE 1A AV	Suite, Apt. #, etc.	04/02/1997	
22 501	City & State	27 501	City & State	4. FEI Number	Applied For
23 Hallandale FL	Zip	28 Hallandale FL	Country	65-0743032	Not Applicable
24 33009	25 USA	29 33009	30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BOGOVICIU, CAROL 1100 NE 1ST CT #1 HALLANDALE FL 33309				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGOVICIU, CAROL	1.2 NAME	BOGOVICIU, CAROL
STREET ADDRESS	1100 N E 1ST CT SUITE 1	1.3 STREET ADDRESS	301 NE 1A AV # 501
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	Hallandale FL 33009
TITLE	O <input type="checkbox"/> DELETE	2.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMORTEGUI, DOLLY	2.2 NAME	AMORTEGUI, DOLLY
STREET ADDRESS	1100 NE 1ST CT SUITE 1	2.3 STREET ADDRESS	301 NE 1A AV # 501
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MAR JESUS
STREET ADDRESS		3.3 STREET ADDRESS	3501 NE 1st Terrace #B
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pompano FL 33064
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: CAROL BOGOVICIU 3/5/99 954/4582432  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)