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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031861 (2)

JK MARBLE & TILE OF SOUTH FLORIDA, INC.

FILED Feb 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address												- I (UD)/IBD/ IID ID/II (UD/I DD/I) DD/I DD/I DD/II DD/II DD/IID IID/I IID/I IID/I IID/I	
8980 WEST 12 LANE 6960 WEST 12 LANE HIALEAH FL 33014												DO NOT WRITE IN THIS SPACE	
												3. Date Incorporated or Qualified 04/08/1997	
2. Principal Place of Business					2a. Mailing Address							4. FEI Number Applied For	
21					26							45-017-201 Not Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.							5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
City & State					27 City & State							6. Election Campaign Financing \$5.00 May Be	
23					28							Trust Fund Contribution Added to Fees	
Zip	Country				Zip Cou				untry	8. This corporation owes or has paid the current year Inta		8. This corporation owes or has paid the current year Intangible	
24	25				29	30			_		Personal Property Tax due June 30. X Yes No		
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent 81 Name				
ORTEGA, RAUL													
6960 WEST 12 LANE HIALEAH FL 33014									82	Stre	et Addre	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													
Signature, typed or printed name of registered agent a							(NO			ant signa	ture required	d whon reinstating) DATE	
12. TITLE	OFFICERS AN				ID DIRECTORS DELETE				13. 1.1 TITLE		T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	ORTEG	A. RAI	UL					•	AME]		
STREET ADDRESS										ADDRE	ss		
CITY-ST-ZIP	HIALEA	33014		1.4 (HTY-S	T - 7(P				
TITLE							DELETE	21	ITLF			Change Addition	
NAME								221	IAME				
STREET ADDRESS								23 STREET ADDRESS		SS			
CITY-ST-ZIP									2 4 CITY - ST - ZIP			Change Addition	
TITLE NAME	1 -					- "			3.1 1/TLF 3.2 NAME			Change Addition	
STREET ADDRESS							3.3 STR			AUDBE	ss		
CITY-ST-ZIP	·					3.4. City - 5				~			
TITLE							DELETE	4.1				Change Addition	
NAME								4. 2	NAME		- 1		
STREET ADDRESS	ET ADDRESS					4.3 STI			TREFT	ADDRES	ss		
CITY-ST-ZIP									ITY-S	T - ZIP			
TITLE						L	DELETE	5.11				☐ Change ☐ Addition	
NAME									AME				
STREET ADDRESS										ADDRES	SS		
CITY-ST-ZIP							DELETE		ITY-S	T-ZIP		Change Addition	
TITLE						٦.,	ן טבנבול	6.11				E Citalge () Addition (
NAME STREET ADDRESS									IAME TOCCT	ADDRES			
CITY-ST-ZIP									HHEET HTY-S		10		
	ertify that the	informa	ation supplied	d with thi	is filir	ng does	not qualify f				ated in Si	ection 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.

SIGNATURE: