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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000031861

JK MARRIE & TILE OF SOUTH FLORIDA JAIC

## **FILED** Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90136 047 \*\*\*150.00

Principal Dia	ice of Business	rtonida, inc.						
		Mailing Address	_			s sourceas set rocks (8010 401(\$ 2015) (	INKII 99100 (1186 1188) (8	
6960 WEST 12 LANE 6960 WEST 12 LANI HIALEAH FL 33014 HIALEAH FL 33014								
						DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address				04/08/1997	<u> </u>	_
21		26	•			4. FEI Number	A	pplied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc				65-0742811		lot Applicable
22		27				5. Certificate of Status Desired		Additional Required
City & Sta	ite	City & State				6. Election Campaign Financing		
Zip	Country	28				Trust Fund Contribution		May Be to Fees
4	Country 25	Zip		untry		8. This corporation owes the current		101 003
·	9. Name and Address of Cu	29	30	<del></del>		Personal Property Tax.	☐ Yes	□No
	o. Hame and Address of Cu	rrent Registered Agent	<del></del> .	04		10. Name and Address of New Regis	stered Agent	
	ega, raul			81  N	lame		-	
	) West 12 Lane			82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
HIAL	EAH FL 33014			83				
				63				-
				84 Ci	ity		- 85 Zip	Code
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508 Florida S	tatutos the el			ation submits this statement for the purp	FL / I	
				t hu tha		The purpose of the pu		
SIGNATURE	in rannial with, and accept the ob	ingations of, Section 607.0505	, Florida Statu	utes.	,	The state of the s	appointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (	, Florida Statu	utes.	,	then reinstating)	ATE	gistered
SIGNATURE	Signature, typed or printed name of registered  OFFICERS	ingations of, Section 607.0505	, Florida Statu	utes. Agent signi	,	accapt the	ATE RS AND DIRECTO	RS IN 12
SIGNATURE  2. TLE	Signature, typed or printed name of registered OFFICERS D ORTEGA, RAUL	agent and title if applicable.  AND DIRECTORS	, Florida Statu	Agent signi	,	then reinstating)	ATE	gistered
SIGNATURE  2.	Signature, typed or printed name of registered OFFICERS D ORTEGA, RAUL 6960 WEST 12 LANE	agent and title if applicable.  AND DIRECTORS	NOTE: Registered 13. E 1.1 TITI 1.2 NAI	Agent signi	nature required w	then reinstating)	ATE RS AND DIRECTO	RS IN 12
SIGNATURE  2. TLE AME REET ADDRESS TY-ST-ZIP	Signature, typed or printed name of registered OFFICERS D ORTEGA, RAUL	agent and title if applicable.  AND DIRECTORS	NOTE: Registered  13. E 1.1 TITI 1.2 NAI 1.3 STF	Agent signi TLE ME REET ADDR	nature required w	then reinstating)	ATE RS AND DIRECTO	RS IN 12
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SIGNATURE  2. TLE AME TREET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE ME	Signature, typed or printed name of registered OFFICERS D ORTEGA, RAUL 6960 WEST 12 LANE	agent and title if applicable.  AND DIRECTORS  DELETI	NOTE: Registered  13.  1.1 TIT  1.2 NAI  1.3 STF  1.4 CIT  2.2 NAA  2.3 STR  2.4 CIT	Agent sign.  TLE  ME  REET ADDR  IY-ST-ZIP  LE  ME  REET ADDR  IY-ST-ZIP  LE  LE	nature required wi	then reinstating)	ATE  RS AND DIRECTO  Change	PRS IN 12
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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 efficiency 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR