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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jun 02 1998 8:00am

	AL REPORT	Secretary of Division of Co		Secretary	of State
DOCUMENT # P9700032680 (5) DASILVA TILES & MARBLE CORP.					
Principal Place	of Rusiness	Mailing Address		- I ISBIIDAL IN IBLIN EBAIN BBIN BANN BANN BANN BANN	1100 11010 01181 10111 0011 1801
5900 S.W. 94 COURT 5900 S.W. 94 COURT					
MIAMI FL 33173 MIAMI FL 33173				DO NOT WRITE IN THIS	S SPACE
•				3. Date Incorporated or Qualified 04/10/1997	
2. Principal Place of Business 28. Mailing Address				4. FEI Number	Applied For
21 Principal Fi	GC# Ot Chambaa	26		39-3446740	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			\$5.00 May Be
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23		7ip	Country	8. This corporation owes or has paid the o	
Zip	Country	29	30]	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	(04) 11	10. Name and Address of New Registere	d Agent
DASILVA, ANTONIO 81 Name					[
			82 Street Add	et Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33173			83		
1			84 City	F	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.					
agent. I a	m fam iliar with, and accept the oblig	e of Florida, Such change was at gations of, Section 607.0505, Flor	utnorized by the corporat ida Statutes.	tion's board or directors. I hereby accept the a	ppointment as registered
SIGNATURE					
12.	Signature, typod or panted name of agriculting OF LICE'DS AN	ont and tale if applicable (NOTE VD DIRLCTORS	Registered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	<u>D</u>	DELETE	1.1 TITLE	ADDITIONAL MEDICAL CONTROLLER	☐ Change ☐ Addition
NAME	DASILVA, ANTONIO		1.2 NAME		
STREET ADDRESS	5900 S.W. 94 COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-S1 - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE NAME		[□] DETEIE	3.1 TITLE 3.2 NAME		C Change C Roullon
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-S1-ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME	0000025456	
STREET ADDRESS			4.3 STREET ADDRESS	-06/03/9801034	D 04 (
CITY-SY-ZIP			4.4 CITY - ST - ZIP	***8.75	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	0000025456	
STREET ADDRESS			5.3 STREET ADDRESS	-06/03/9801034	JU3 (
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 61 THLE	***150.00	Change Addition
NAME		الم الالدالا	6.2 NAME		C Change Communical
STREET ADORESS			6.3 STREET ADDRESS		$(\bigcirc X)$
CITY-ST-ZIP			6.4 CITY-ST-ZIP		~ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	ertify the the information supplied y	with this filing does not qualify for		Section 119.07(3)(i), Florida Statutes, I further	certify that the information

Interest certain tragate information supplied with this failing does not qualify for the exemption state in indicated on this analyzifreport or supply mental annual report is true and accurate and that my signatur officer or director of the corporation of the receiver in trustee in province to execute this profit as red Block 12 or Block 13 if change of the an attachment with an address.

GNATURE: lorida statutes. I futfler certify that the information legal effect as if made under oath; that I am an Florida Statutes; and that my name appears in