


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90126 032 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000035007</b>					
1. Corporation Name <b>BODEGON DEL TILE CORPORATION</b>					
Principal Place of Business <b>3287 N.W. 78TH AVENUE          MIAMI FL 33122</b>			Mailing Address <b>3287 N.W. 78TH AVENUE          MIAMI FL 33122</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified <b>04/18/1997</b>			4. FEI Number <b>65-0749874</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>JIMENES, JUAN M          527 E 25TH ST          HIALEAH FL 33013</b>			10. Name and Address of New Registered Agent 81 Name <b>JIMENES, JUAN M</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3287 NW 78 AVE</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33122</b>		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS					
TITLE	PSDT	<input type="checkbox"/> DELETE			
NAME	JIMENES, JUAN M				
STREET ADDRESS	3287 N.W. 78TH AVENUE				
CITY-ST-ZIP	MIAMI FL 33122				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	JIMENES, JUAN M				
1.3 STREET ADDRESS	3287 NW 78 AVE				
1.4 CITY-ST-ZIP	MIAMI FL 33122				
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	JIMENES, FERNANDO				
2.3 STREET ADDRESS	3287 NW 78 AVE				
2.4 CITY-ST-ZIP	MIAMI, FL 33122				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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)(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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE REQUIRED

1/8/99

Date

(305) 477-0096

Daytime Phone #

CR2E034 (11/98)