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

2a. Mailing Address

City & State

Suite, Apt #, etc.

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF 0 DOCUMENT # P97000055579 (1) AMORE TILE, INC.

FILED Mar 11 1998 8:00am Secretary of State

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

 Date Incorporated or Qualified 06/23/1997

5. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

> 2-16-98 Date

Principal Place of Business	Mailing Address	
13887 90TH LANE NORTH WEST PALM BEACH FL 33412	13887 80TH LANE NORTH WEST PALM BEACH FL 33412	DO NOT WRITE IN THIS SPACE

								and the second of the second o	
24		25	29	30	30			Personal Property Tax due June 30. Yes No	
			rent Registered Agent		-			10. Name and Address of New Registered Agent	
	ovelliere,				61	Name			
13887 80TH LANE NORTH			82 Street Address (P.O. Box Number is Not Acceptable)						
WE	est palm e	BEACH FL 33412							
					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, lyped or practed name of ingestimating and other agest									
12.	(ig alo e, ij,		AND DIRECTORS		3.		, D-1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T D				TITLE			☐ Change ☐ Addition	
NAME	NOVELL	LIERE, VICTOR		13	2 NAME	1		•	
STREET ADDRESS		BOTH LANE NORTH	1	•		ADDRESS			
CITY-ST-ZIP		PALM BEACH FL 33			CITY-S				
TITLE	D	7 1011			TITLE	1		☐ Change ☐ Addition	
NAME	NOVELI	ere, Lizbeth			NAME	1			
STREET ADDRESS		SOTH LANE NORTH	ı			ADORESS			
CITY-ST-ZIP		PALM BEACH FL 33		3	4 CITY-S	1			
TITLE	7.25.	7,011			TITLE	,, <u>, , , , , , , , , , , , , , , , , ,</u>		Change Addition	
NAME	İ			3.2	NAME)		_ -	
STREET ADDRESS	[ADDRESS			
CITY-ST-ZIP					I. CITY-S				
TITLE	 				TITLE	<u>'' - ''</u>		Change Addition	
NAME				4.	2 NAME	1			
STREET ADDRESS]			1		ADDRESS			
CITY-ST-ZIP	1				CITY-S	- 1			
TITLE	 		D C		TITLE			☐ Change ☐ Addition	
NAME)			5.2	NAME	Ì			
STREET ADDRESS	ļ			53	STREET	ADDRESS			
CITY-ST-ZIP				5.4	CITY-SI	r-ZIP			
TITLE			0		TITLE			☐ Change ☐ Addition	
NAME	1			62	NAME	į			
STREET ADDRESS]			6.3	STREET	ADDRESS			
CITY-ST-ZIP	}			6.4	CITY-S	r- 2 IP			
14. Thereby certify that the information supplied with this filling 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 frue 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 truster truster 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 attactyping until transactions.									