

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90016 025 \*\*\*150.00

DOCUMENT # P97000069597

1. Corporation Name

ROJAS TILE, INC.



Principal Place of Business

8513 PAJARO COURT  
ORLANDO FL 32836

Mailing Address

8513 PAJARO COURT  
ORLANDO FL 32836

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

59-3466699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4610 St. Croix Lane

Suite, Apt. #, etc.

22 1012

City & State

23 Naples Florida

Zip

24 34109

Country

25 U.S.A

2a. Mailing Address

26 4610 St. Croix Lane

Suite, Apt. #, etc.

27 1012

City & State

28 Naples Florida

Zip

29 34109

Country

30 USA

9. Name and Address of Current Registered Agent

ROJAS, ANTONIO  
8513 PAJARO COURT  
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name

Antonio, Rojas

82 Street Address (P.O. Box Number is Not Acceptable)

4610 St. Croix Lane #1012

83

Naples

84 City

FL

85

Zip Code

34109

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

(941) 596-4456

Daytime Phone #

CR2E034 (11/98)