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

PROFIT CORPORATION ANNUAL REPORT

1**9**98.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000094169 (4) DOCUMENT #

FLAMINGO TILE CORPORATION

Principal Place of Business Mailing Address 3250 W 77 PLACE 3250 W 77 PLACE HALEAH FL 33018 HIALEAH FL 33018 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1997 2. Principal Place of Business 2a. Mailing Address 4, FELNumber Applied For 26 Not Applicable Suite, Apt. Suite, Apt. #, etc. \$8.75 Additional Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ABREU, ALFREDO Name 3250 W 77 PLACE Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33018 83 84 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, typod or produd name of regetiered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 11 TITLE ☐ Change Addition TITLE ABREU, ALFREDO NAME 1.2 NAME 3250 W 77 PLACE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33018 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREE1 ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition 41 TITLE TITLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE 6<u>0</u>0002549576 NAME 6.2 NAME -06/05/98--01095--041 6.3 STREET ADDRESS STREET ADDRESS ***150.00

SIGNATURE:

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 reading by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an atfactment with an address. 305) UAL-18891

FILED

Jun 03 1998 8:00am

Secretary of State