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

P**ROFIT**CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096066 (0)

FIVE STARS IMPORT TILES, CORP.

FILED Apr 24 1998 8:00am Secretary of State

	, ·	<i></i>				
Principal Place of Business Mailing Address				I ENGLINKS ELR INIII IRNII ANILI ANILI ANILI ANILI	INCINE MITTLE MELLA MESTA MITTE LAND	
3845 N.W. 78TH AVENUE 3645 N.W. 78TH AVENUE MIAMI FL 33166 MIAMLEL 33166				DO NOT WRITE IN TH	IS SPACE	
•					3. Date Incorporated or Qualified 11/10/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 3655 NW 78 THAUE 26 3655 N			10 7	78 TA AU	x 65-0795567	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 MIAMI FLA. 28 MIAM		FLA.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 33/	LC 25 USA	, , , , , , , , , , , , , , , , , , , 	30 / /	SA.	This corporation owes or has paid the Personal Property 1ax due June 30.	Yes No
9. Name and Address of Current Registered Agent DEDCT CADIOC C 81 Name				1 Name	10. Name and Address of New Registered Agent	
PEREZ, CARLOS S 3645 N.W. 78TH AVENUE MIAMI FL 33166			L			
			8:		ress (P.O. Box Number is Not Acceptable)	
			8:	3		
			В	4 City		85 Zip Code
11. Pursuant t	a the provisions of Sections 607 0502	and 607 1508. Florida Statuto	s the abo	ve-named corr	poration submits this statement for the purpose	
office or re		Florida Such change was a	uthorized b	by the corporat	tion's board of directors. I hereby accept the a	
SIGNATURE						
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered A	gent signature requir	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	DELETE	1.1 1/JLE		ADDITIONAÇÃI ANALO TO OFFICE IO	Change Addition
NAME	PEREZ, CARLOS S		1.2 NAME	:		
STREET ADDRESS	3645 N.W. 78TH AVENUE		1.3 STREE	ET ADDRESS		}
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-	ST-ZIP		
TITLE	DELETE .		2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY 3.1 TITLE			Change Addition
NAME		C) otter	3.1 NAME	ľ		L. Unango L. Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY	1		
TITLE		DELFTE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	F		
STREET ADDRESS			4.3 STREI	T ADDRESS		
CITY-ST-ZIP			4.4 CHY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	l l		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		Driete	5.4 CITY -			Phone Adde
TITLE		☐ DELETE	6.1 TITLE	1		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	SI-ZIP		

4. 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.

CICALATURE.

Act-17-98 3AT K27-Q1-CX