

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
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90009 026 ***158.75

DOCUMENT # **997000096341** ✓OK

1. Corporation Name **TRANSATLANTIC TILE + MARBLE, INC**
3567 N.W. 82 AVE
MIAMI, FL 33122

Principal Place of Business Mailing Address

3567 N.W 82 AVE
MIAMI FL 33172 (SAME)

2. Principal Place of Business
21. **3567 N.W 82 AVE**
State, Apt. #, etc. **FL**
City & State **MIAMI FL**
Zip **33122** Country **DADE**
22. Mailing Address
26. **3567 N.W 82 AVE**
State, Apt. #, etc. **FL**
City & State **MIAMI FL**
Zip **33122** Country **DADE**

DO NOT WRITE IN THIS SPACE

3. Data Incorporated or Qualified
11-12-97
4. FEI Number **65-0793651**
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAUL PEREZ-SANZ
3567 N.W 82 AVE
MIAMI FL 33122

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, Florida Statutes, the above named corporation submit 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, type or printed name of registered agent and title if applicable

Signature, type or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS
11. NAME **P/T/D**
12. NAME **RAUL PEREZ-SANZ**
13. STREET ADDRESS **3567 N.W 82 AVE**
14. CITY-STATE-ZIP **MIAMI FL 33122**
15. TITLE ☐ DELETE
16. NAME **S/D**
17. NAME **INGRID PEREZ-SANZ**
18. STREET ADDRESS **3567 N.W 82 AVE**
19. CITY-STATE-ZIP **MIAMI FL 33122**
20. TITLE ☐ DELETE
21. NAME ☐ DELETE
22. NAME ☐ DELETE
23. STREET ADDRESS ☐ DELETE
24. CITY-STATE-ZIP ☐ DELETE
25. NAME ☐ DELETE
26. NAME ☐ DELETE
27. STREET ADDRESS ☐ DELETE
28. CITY-STATE-ZIP ☐ DELETE
29. NAME ☐ DELETE
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31. STREET ADDRESS ☐ DELETE
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33. NAME ☐ DELETE
34. NAME ☐ DELETE
35. STREET ADDRESS ☐ DELETE
36. CITY-STATE-ZIP ☐ DELETE
37. NAME ☐ DELETE
38. NAME ☐ DELETE
39. STREET ADDRESS ☐ DELETE
40. CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. NAME ☐ Change ☐ Addition
12. NAME ☐ Change ☐ Addition
13. STREET ADDRESS ☐ Change ☐ Addition
14. CITY-STATE-ZIP ☐ Change ☐ Addition
15. TITLE ☐ Change ☐ Addition
16. NAME ☐ Change ☐ Addition
17. NAME ☐ Change ☐ Addition
18. STREET ADDRESS ☐ Change ☐ Addition
19. CITY-STATE-ZIP ☐ Change ☐ Addition
20. TITLE ☐ Change ☐ Addition
21. NAME ☐ Change ☐ Addition
22. NAME ☐ Change ☐ Addition
23. STREET ADDRESS ☐ Change ☐ Addition
24. CITY-STATE-ZIP ☐ Change ☐ Addition
25. NAME ☐ Change ☐ Addition
26. NAME ☐ Change ☐ Addition
27. STREET ADDRESS ☐ Change ☐ Addition
28. CITY-STATE-ZIP ☐ Change ☐ Addition
29. NAME ☐ Change ☐ Addition
30. NAME ☐ Change ☐ Addition
31. STREET ADDRESS ☐ Change ☐ Addition
32. CITY-STATE-ZIP ☐ Change ☐ Addition
33. NAME ☐ Change ☐ Addition
34. NAME ☐ Change ☐ Addition
35. STREET ADDRESS ☐ Change ☐ Addition
36. CITY-STATE-ZIP ☐ Change ☐ Addition
37. NAME ☐ Change ☐ Addition
38. NAME ☐ Change ☐ Addition
39. STREET ADDRESS ☐ Change ☐ Addition
40. CITY-STATE-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(1)(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 in an appointment with an address, with all other like empowered.

SIGNATURE:

[Signature]

4/28/99

Signature of the person on whose behalf the signature is being made

CR2E034 (1/99)