

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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90011 032 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000021502

1. Corporation Name

BRILLIANT MARBLE FLOORS INC.

Principal Place of Business

10670 S.W. 87TH AVE.  
MIAMI FL 33176

Mailing Address

10670 S.W. 87TH AVE.  
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1998

4. FEI Number

65-0890993

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 18093 SW 135AV  
Suite, Apt. #, etc.

2a. Mailing Address

26 10670 SW 87AV  
Suite, Apt. #, etc.

City & State

23 MIAMI FLA 33177  
Zip Country

City & State

28 MIAMI FLA 33176  
Zip Country

24 33177 25 USA

29 33176 30 USA

9. Name and Address of Current Registered Agent

SARROS, KONSTANTIN  
10670 S.W. 87TH AVENUE  
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

PABLO PEREZ

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

18093 SW 135AV

83

84 City

MIAMI

FL

85 Zip Code

33177

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

PABLO PEREZ

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

(NOTE: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEREZ, PABLO	
STREET ADDRESS	14724 SW 55 TERRACE	
CITY-STATE-ZIP	MIAMI FL 33185	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	PABLO PEREZ	
STREET ADDRESS	18093 SW 135 AV	
CITY-STATE-ZIP	MIAMI FLA 33177	
TITLE	SEC	<input type="checkbox"/> DELETE
NAME	ROBERTO TARAZONA	
STREET ADDRESS	15780 SW 106 TER #103	
CITY-STATE-ZIP	MIAMI FLA 33196	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PABLO PEREZ	
1.3 STREET ADDRESS	18093 SW 135AV	
1.4 CITY-STATE-ZIP	MIAMI FLA 33177	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99

305-7330052