


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90119 028 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000044110**

1. Corporation Name

SJB ITALIAN TILES, CORP.

Principal Place of Business

7229 WEST 34TH LANE  
HIALEAH FL 33058

Mailing Address

7229 WEST 34TH LANE  
HIALEAH FL 33058

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

65-0835920

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7229 WEST 34TH LANE

2a. Mailing Address

26 7229 WEST 34TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

23 HIALEAH, FL

City &amp; State

28 HIALEAH, FL

Zip Country

24 33018

25

Zip Country

29 33018

30

9. Name and Address of Current Registered Agent

MOREA, RAFAEL B  
7229 WEST 34TH LANE  
HIALEAH FL 33058

10. Name and Address of New Registered Agent

81 Name MORERA, RAFAEL B.

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

7229 WEST 34TH LANE

83 HIALEAH,

84 City

FL

85 Zip Code

33018

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

*Rafael B. Morera*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/15/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME PTD  
STREET ADDRESS MORERA, RAFAEL B  
CITY-ST-ZIP 7229 WEST 34TH LANE  
HIALEAH FL 33058TITLE ☐ DELETENAME SD  
STREET ADDRESS MORERA, MARGARITA  
CITY-ST-ZIP 7229 WEST 34TH LANE  
HIALEAH FL 33058TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP HIALEAH, FL 33018

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP HIALEAH, FL 33018

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

*Rafael B. Morera* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/99

Date

305-556-0859

Daytime Phone #

CR2E034 (11/98)