

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

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90026 013 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000056891

1. Corporation Name
BEST TILE OF MIAMI INC.



Principal Place of Business
7485 WEST 34TH LANE
HIALEAH FL 33018

Mailing Address
7485 WEST 34TH LANE
HIALEAH FL 33018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0846809

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23

28

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMADOR, SALVADOR
7485 WEST 34TH LANE
HIALEAH FL 33018

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME AMADOR, SALVADOR
STREET ADDRESS 7485 WEST 34TH LANE
CITY-ST-ZIP HIALEAH FL 33018

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME AMADOR, YADIRA S
STREET ADDRESS 7485 WEST 34TH LANE
CITY-ST-ZIP HIALEAH FL 33018

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: *Salvador Amador* **SIGNATURE REQUIRED** SALVADOR AMADOR Pres. 7/20/99 305-827-6148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0135306

CR2E034 (11/98)

P98000056891
596626-90026-13

July 22, 1999

Katherine Harris
Secretary of State
Division of Corporations
P O Box 1500
Tallahassee, Fl. 32302-1500

Dear Ms. Harris:

Enclosed is our report and our check in the amount of \$150.00. We did not receive any reports prior to this.

We ask you to please accept this check as payment for our corporation filing. We thank you very much for kind attention to our request.

Yours sincerely,

Salvador Amador

Salvador Amador, Pres.
Best Tile of Miami, Inc.
74845 West 34th Lane
Hialeah, Fl. 33018