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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

02-24-1999 90131 023 ***150.00

DOCUMENT # P98000088871

1. Corporation Name

CREATIVE TILE DESIGNERS, CORP.



Principal Place of Business

**525 BAREFOOT WMS RD. #122
NAPLES FL 34113**

Mailing Address

**525 BAREFOOT WMS RD. #122
NAPLES FL 34113**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1998

2. Principal Place of Business

2a. Mailing Address

21 4573 EXCHANGE AVE

26 4573 EXCHANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7

27 7

City & State

City & State

23 NAPLES, FL

28 NAPLES, FL

Zip

Country

Zip

Country

24 34104

25 USA

29 34104

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARCIA, AILED

525 BAREFOOT WMS RD, #122

NAPLES FL 34113

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 ☐ DELETE

NAME **P**
ALVAREZ, WILLIAM
STREET ADDRESS **525 BAREFOOT WMS RD, #122**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ DELETE

NAME **V**
ARCIA, AILED
STREET ADDRESS **525 BAREFOOT WMS RD, #122**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ DELETE

NAME **T**
ARCIA, YOSVANY
STREET ADDRESS **525 BAREFOOT WMS RD, #122**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☒ DELETE

NAME **S**
ALVAREZ, JORGE R
STREET ADDRESS **525 BAREFOOT WMS RD, #122**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-12-99 (941) 403-8100

CR2E034 (11/98)