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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90182 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # ~~998600089288~~
 1. Corporation Name **P98600089288** ✓
SIXTO TILES CORPORATION

Principal Place of Business Mailing Address
9531 SW 40TH ST. MIAMI, FL 33165 **9531 SW 40th STREET MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified

2. Principal Place of Business 2a. Mailing Address
 21 **9531 SW 40th ST.** 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **MIAMI, FL 33165** 27
 City & State City & State
 23
 Zip Country Zip Country
 24 25 29 30

4. FEL Number **65-0872314** Applied For Not Applicable
 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
SIXTO HERNANDEZ
9531 SW 40TH STREET
MIAMI, FLORIDA 33165

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	Sixto Hernandez	
STREET ADDRESS	4541 SW 104th CT	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	Clara Hernandez	
STREET ADDRESS	4541 SW 104th CT	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Maritza Machado		
1.3 STREET ADDRESS	11030 SW 146 Place		
1.4 CITY-ST-ZIP	Miami, FL 33186		
2.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Lazaro Arcenio Cabrera		
2.3 STREET ADDRESS	3930 SW 107 avenue		
2.4 CITY-ST-ZIP	Miami, FL 33165		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: **4/26/1999** (305) 220-1939
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)