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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENTI OP STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 7 98 0000 9 6 277

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90073 014 ***158.75

EUROTILESITUE				,
Principal Place of Business 7800 NW34th Street 7900 NW 34th Street Hiami, FC 33122		DO NOT WRITE IN THIS SPACE		
1 (and , 1 = 2270 t		3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address 21 26	5	4. FEI Number 65 - 0875289		olied For Applicable
Suite, Apt. #, etc. Suite, Apt. #, et 27 Uni +	c. 101	5. Certifcate of Status Desired	\$8.75 A Fee Red	
City & State City & State	_ 	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	-
23 28 Zip Country Zip	Country	8. This corporation owes the current year I	ntangible	
24 25 29 9. Name and Address of Current Registered Agent	30	Personal Property Tax. 10. Name and Address of New Registere		X(No
Feliberto Herrera	81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
7800 NW 34th Street, Unition	83			
Hiami, FC 33122	84 City	F	85 Zip C	ode
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, of 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 of printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required	when reinstating) DATE	7	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE DELE	TE 11TTLE P	President	Change	Addition
NAME	1.2 NAME Fe	liberto Herrera 00 NW 3 4th Street Unit 11	A.	j
STREET ADDRESS	1.3 STREET ADDRESS 7-80	00 NW 3 HASTREET UNIT I	<i>)</i>	
CiTY-ST-ZIP		iami FL 33145	————	C Addition
TITLE DELE	I		Change	Addition
NAME	2.2 NAME			
STREET ADDRESS	2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE DELE	2.4 CITY-ST-ZIP TE 3.1 TITLE		☐ Change	Addition
NAME	3.2 NAME			
STREET ADDRESS	3.3 STREET ADDRESS			
CITY-ST-ZIP	3.4. CITY-ST-ZIP			
TITLE			☐ Change	☐ Addition
NAME	4.2 NAME			
STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP	4.4 CITY-ST-ZIP			
TITLE		_ :	Change	☐ Addition
NAME	5.2 NAME			
STREET ADDRESS	5.3 STREET ADDRESS			
CITY-ST-ZIP	5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE DELE			Change	Addition
NAME	6.2 NAME			
STREET ADDRESS	6.3 STREET ADDRESS			
CITY-ST-ZIP	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: