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CORPORATION ANNUAL REPORT

1997



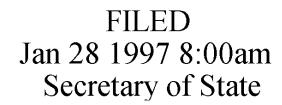
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$77058

(3)



ALFRED'S TILE CORP. Principal Place of Business Mailing Address 8615 NW 64 ST 13880 UENDALE LANES BLVD MIAMI FL 33166 MIAMI FL 33183 US								
					 Date Incorporated or Qualified 08/30/1991 		te of Last Re 19/1996	eport
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	1 01/4		plied For
21		26			65-0285463			t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zıp	Country	1	B. This corporation has liability for			199.032,
24	25	29	30		Florida Statutes	☐ Yes ☐		
	9. Name and Address of Curre	ent Registered Agent		V	10. Name and Address of New	Registered A	gent	
	ed, alfredo a.		81	Name				
13880 KENDALE LAKES BLVD. MIAMI FL 33183			82	<u> </u>	dress (P.O. Box Number is Not Accep	table)		
			83					
			84	City			85 Zip (Code
						FL	11	
	arrite time with this thought the con	igations of Section 607.0505, FI	orida Statutes	S.	poration submits this statement for thation's board of directors. I hereby accounts			
SIGNATURE	Signature, fyziod or printed name of logistere, La OFFICERS A	ngent and trie if applicable (NO	TE Registered Age		uired when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typical or printed name of registered a OFFICERS A	agent and trie if applicable (NO	TE. Registered Age 13. 1.1 TITLE		uired when reinstating)	DATE		S IN 12
SIGNATURE 12. TITLE NAME	Signature, typical or printed name of registered a OFFICERS A PST HUED, ALFREDO A.	ugent and this if applicable (NO: ND DIRECTORS DELETE	TE Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requ	uired when reinstating)	DATE	DIRECTOR	S IN 12
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Too 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.

SIGNATURE: