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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT # V42651

(2)

ROMA TILE IMPORTERS, INC.

Jan 14 1997 8:00am
Secretary of State

EII ED

Principal Place of Business	Mailing Address	<del></del> ,				
10018 SPANISH ISLE BLVD A-31-32 BOCA RATON FL 33498	10018 SPANISH ISLES BLVD A 31-32 BOCA RATON FL 33493-6324					
US	U\$ 			3. Date incorporated or Qualified 06/10/1992	3a. Date of Last Report 05/29/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0356801	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip 30	Country		8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032.  Yes No	
9. Name and Addres	s of Current Registered Agent			10. Name and Address of New Re	gistered Agent	
CLEMENTI, JOSEPH		81	Name		1	
174 NW 6TH CT			82 Street Address (P.O. Box Number is Not Acceptable)			
DANIA FL 33004		83				
		84	- /		FL 85 Zip Code	
<ol> <li>Pursuant to the provisions of Section office or registered agent, or both, agent. I am familiar with, and accept</li> </ol>	ons 607.0502 and 607.1508, Florida Statutes, in the State of Fiorida. Such change was auth pt the obligations of, Section 607.0505, Florid	the above torized by a Statutes	e-named corpora the corpora	poration submits this statement for the p tion's board of directors. I hereby access	purpose of changing its registered of the appointment as registered	
SIGNATURE	of registered agent and title if applicable. (NOTE, Ro	a istoron faa	an elegative ment	red when reinstating)	DATE	
	FICERS AND DIRECTORS	13.	ik algitatura redili	ADDITIONS/CHANGES TO OFFIC		
TITLE D	☐ DELETÉ	1.1 TITLE			Change Addition	

·	signature, typeo or pranted traine or registered age is an or the training of	(NOTE DO	State en when all satisfies	rectas with relations	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(96/6)
TITLE	D DELE	ETÉ .	1.1 TITLE	Change Addition	<u>8</u>
NAME	CLEMENTI, JOSEPH		1.2 NAME		ž
STREET ADDRESS	4177 NW 66 TERRACE	1	1.3 STREET ADDRESS		CR2E034
CITY - ST - ZIP	DANIA FL.		1 4 CATY - ST - ZIP		R
TITLE	D DELE	ETE	2.1 TITLE	Change Addition	ਹ
NAME	HAZAMY, AHMED J.	•	2,2 NAME		
STREET ADDRESS	2707 BRUCE TERR.		2.3 STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD FL		2. 4 CITY - ST - ZIP		
TITLE	DELE	ETE	3.1 TiTLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY+ST-ZIP		
TITLE	DELE	तह	4.1 TITLE	Change Addition	
NAME			4 2 NAME		
STREET ADDRESS		1	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	DELE	ETÉ	5.1 TITLE	☐ Change ☐ Addition	
NAME		ı	5.2 NAME		
STREET ADDRESS		J	5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - \$T - ZIP		
TITLE	□ DELE	ET E	61 TITLE	Change Addition	
NAME		i	6.2 NAME		
STREET ADDRESS		J	6.3 STREET ADDRESS		
CiTY - ST - ZiP		1	6.4 CITY-ST-ZIP		

4. I do 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the proporation of the repover or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Blyck 13 is changed of on an attachment with an address.

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