

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

FILED  
Jan 21 1998 8:00am  
Secretary of State

|                                       |                                                                                   |                                                                                                    |
|---------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # V42651 (2)

1. Corporation Name  
ROMA TILE IMPORTERS, INC.

|                                                                                                |                                                                                     |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business<br>10018 SPANISH ISLE BLVD<br>A-31-32<br>BOCA RATON FL 33498<br>US | Mailing Address<br>10018 SPANISH ISLES BLVD<br>A 31-32<br>BOCA RATON FL 33498<br>US |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1992

4. FEI Number

65-0356801

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CLEMENTI, JOSEPH

174 NW 6TH CT

DANIA FL 33004

SB 4177 NW 66 TERRACE  
CORAL SPRINGS FL 33067

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

Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-98

12. OFFICERS AND DIRECTORS

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| TITLE           | D                  | <input type="checkbox"/> DELETE |
| NAME            | CLEMENTI, JOSEPH   |                                 |
| STREET ADDRESS  | 4177 NW 66 TERRACE |                                 |
| CITY - ST - ZIP | DANIA FL           |                                 |

|                 |                  |                                 |
|-----------------|------------------|---------------------------------|
| TITLE           | D                | <input type="checkbox"/> DELETE |
| NAME            | HAZAMY, AHMED J. |                                 |
| STREET ADDRESS  | 2707 BRUCE TERR. |                                 |
| CITY - ST - ZIP | HOLLYWOOD FL     |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| 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 |  |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP | CORAL SPRINGS FL 33067                                                       |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |

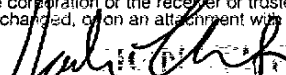
|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(f), 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:  FEE REQUIRED

1-6-98 561 488 2318

CR2E034 (10/97)