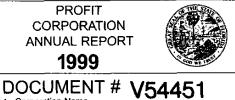
PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State Katherine Harris

05-10-1999 90299 003 ***150.00

|--|--|--|

1. Corporation Name	
MEXICAN TILE & IMPORTS, INC.	

							<u> </u>			alali fi		
Principal Place	of Business	М	failing Address									
1190 STIRLING	RD.		90 STIRLING RD.									
SUITE B SUITE B					DO NOT WEST				E IN THIS SPACE			
DANIA FL 33004	•	UF	ania FL 33004				3. Date Incorporated or Qualifed 07/23/1992	. (4 1110 0	SF ACE	•		
2 Principal Pl	ace of Business	2a	, Mailing Address				4. FEI Number			Арр	ied For	
21		26					65-0349565			Not	Applicable	
Suite, Apt. a	#, etc.	1-0,	Suite, Apt. #, etc.						\$8.	75 Ac	ditional	
22		27					5. Certifcate of Status Desired		Fe	e Req	uired	
City & State	9	1	City & State				6. Election Campaign Financing		\$5	. 00 n	lay Be	
23		28			_		Trust Fund Contribution		Ad	ded to	Fees	
Zip	Country		Zip	Cou	intry		8. This corporation owes the current	ıt year Intai	ngible		_	
24	25	29		30			Personal Property Tax.		Yes		No	
	9. Name and Address of Curre	nt Regis	stered Agent		L,		10. Name and Address of New Re-	gistered A	<u>gent</u>			
0.41.4	ET 11400				81	Name						
	ET, MARC				82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	_			
	STIRLING ROAD											
SUITI					83							
UANI	A FL 33004				84	City	<u> </u>		85	Zip C	ode	
					i I	•		FL				
l office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stati in familiar with, and accept the oblig	e of Flori	ida. Such change was i	authorized	d by	the corporation	oration submits this statement for the purify board of directors. I hereby accept	irpose of c the appoint	hangir ment	ig its r as regi	egistered stered	
O'O'N'N'O'NE	Signature, typed or printed name of registered as			E: Registered	Ager	t signature required		DATE				
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFI	CERS AND				
TITLE	D		☐ DELETE	1.1 Ti	TLE				☐ Cha	inge	☐ Addition	
NAME	BOWEN, SPENCER			1.2 N	AME							
STREET ADDRESS	1190 STIRLING RD., STE B			1.3 \$	TREET	ADDRESS					}	
CITY-ST-ZIP	DANIA FL				ITY-S	T- ZIP			C CL		[Addition	
TITLE	D		☐ DELETE	2.1 TI	TLE				Cha	inge	Addition	
NAME	GALLET, MARC			2.2 N	AME							
STREET ADDRESS	1190 STIRLING RD., STE B			2.3 S	TREET	ADDRESS						
CITY-ST-ZIP	Dania FL			_	TY-S	T-ZIP					□ Addition	
TITLE			☐ DELETE	3.1 ∏					☐ Cha	ınge	☐ Addition	
NAME				3.2 N								
STREET ADDRESS				3.3 S	TREET	ADDRESS					İ	
CITY-ST-ZIP					2-YTK	T- ZIP			Ch	2000	☐ Addition	
TITLE			☐ DELETE	4.1 Ti					Ch:	ange	☐ Addition	
NAME				4.2 N								
STREET ADDRESS				4.3 S	TREET	ADDRESS						
CITY-ST-ZIP					ITY-S1	T-ZIP					□ &ddition	
TITLE			☐ DELETE	5.1 TI					□ Ch:	anye	☐ Addition	
NAME				5.2 N								
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP					ITY-S1	T-ZIP					A salitie -	
TITLE			☐ DELETE	6.1 TI		-			☐ Cha	inge	☐ Addition	
NAME				6.2 N							i	
STREET ADDRESS				6.3 S	TREET	r address						

6.4 CITY-ST-ZIP 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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR