SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **629484** **(7)**

1. Corporation Name
ITAL THREE TILES, INC.

Principal Place of Business	Mailing Address
8454 NW 58 STREET MIAMI FL 33166 US	8454 NW 58 STREET MIAMI FL 33166 US

3. Date Incorporated or Qualified: **06/18/1979**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business
21: 420 W. 27 ST
22: Suite, Apt. #, etc.
23: City & State: HIALEAH FL
24: Zip: 33010 25: Country: DADE

2a. Mailing Address
26: 420 W. 27 ST
27: Suite, Apt. #, etc.
28: City & State: HIALEAH, FL
29: Zip: 33010 30: Country: DADE

4. FEI Number: **59-1946538** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SILVERMAN, GERALD
300 ROBERTS BUILDING
MIAMI FL 33130

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MAYANI, B.T.		12 NAME		
STREET ADDRESS	300 ROBERTS BLDG.		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	RAFFA, STEVE		22 NAME		
STREET ADDRESS	19420 E. OAKMONT DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MAYANI, M.		32 NAME		
STREET ADDRESS	300 ROBERTS BLDG.		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP		
TITLE	S	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	MAYANI, SUNIL		42 NAME		
STREET ADDRESS	7430 N. OAKMONT DR.		43 STREET ADDRESS	420 W. 27 ST.	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: X _____ 7/25/96 305 8245859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAIME GONZALEZ