FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M83125** **(8)**

1. Corporation Name
STYLE IN TILE, INC.

Principal Place of Business
18409 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160

Mailing Address
18409 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/31/1988**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **65-0055920** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KWITNEY, PAUL
420 LINCOLN ROAD MALL
SUITE 512
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: SHLOMO ATTAS
82 Street Address (P.O. Box Number is Not Acceptable): 18409 W. DIXIE HWY
83
84 City: N. MIAMI BCH FL 85 Zip Code: 33160

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: [signature] SHLOMO ATTAS 4/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	OZ, ACHIAZ	12 NAME	
STREET ADDRESS	18409 W DIXIE HIGHWAY	13 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	ATTAS, SHLOMO	22 NAME	
STREET ADDRESS	18409 W DIXIE HIGHWAY	23 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	ATTAS, LEA	32 NAME	
STREET ADDRESS	18409 W DIXIE HIGHWAY	33 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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 above, or on an attachment with an address.

SIGNATURE: [signature] SHLOMO ATTAS 4/11/95 305 937 2189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0173126 CP