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Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # M83125 (8)

1. Corporation Name
STYLE IN TILE, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1988

2. Principal Place of Business	2a. Mailing Address
21 18820 W. DIXIE HWY	26 18820 W. DIXIE HWY
22 Suite, Apt. #, etc. /	27 Suite, Apt. #, etc. /
23 City & State N. MIAMI BEACH FL.	28 City & State N. MIAMI BCH. FL.
24 Zip 33180 25 Country DADE	29 Zip 33180 30 Country DADE

4. FEI Number: 65-0055920 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ATTAS, SHLOMO 18409 W DIXIE HWY SUITE 512 MIAMI BEACH FL 33160	81 Name: ATTAS SHLOMO 82 Street Address (P.O. Box Number is Not Acceptable): 18820 W. DIXIE HWY 83 84 City: N. MIAMI BCH **FL** 85 Zip Code: 33180

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	OZ, ACHIAZ		1.2 NAME	OZ ACHIAZ	
STREET ADDRESS	18409 W DIXIE HIGHWAY		1.3 STREET ADDRESS	18820 W. DIXIE HWY	
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	DV	☐ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	ATTAS, SHLOMO		2.2 NAME	ATTAS SHLOMO	
STREET ADDRESS	18409 W DIXIE HIGHWAY		2.3 STREET ADDRESS	18820 W. DIXIE HWY	
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP	N. MIAMI BCH FL 33180	
TITLE	DST	☐ DELETE	3.1 TITLE	D.S.T	☒ Change ☐ Addition
NAME	ATTAS, LEA		3.2 NAME	ATTAS LILY	
STREET ADDRESS	18409 W DIXIE HIGHWAY		3.3 STREET ADDRESS	18820 W. DIXIE HWY	
CITY-ST-ZIP	N. MIAMI BEACH FL		3.4 CITY-ST-ZIP	N. MIAMI BCH FL 33180	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ V.P. 4/22/98 305-937-2180