FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000041309 (2)**

1. Corporation Name

STONE CERAMIC TILE WAREHOUSE INC.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD SUITE 1110 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD SUITE 1110 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 05/24/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3640 S.W. 19 Street	26 3640 S.W. 19 Street
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 Miami, Florida	28 Miami, Fl 33145
24 Zip 33145 / 25 Country USA	29 Zip 33145 / 30 Country USA

4. FEI Number: [X] 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

RAPOPORT, ALLEN J
999 PONCE DE LEON BLVD
SUITE 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ~~Christopher Silva~~
82 Street Address (P.O. Box Number is Not Acceptable): 3640 S.W. 19 Street
83
84 City: ~~Miami~~ FL 85 Zip Code: ~~33145~~

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: _____ 04/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[X] DELETE	1.1 TITLE	Director	[X] Change [ ] Addition
NAME	RAPOPORT, ALLEN J		1.2 NAME	Christopher Silva	
STREET ADDRESS	999 PONCE DE LEON BLVD SUITE 1110		1.3 STREET ADDRESS	3640 S.W. 19 Street	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Miami, Fl 33145	
TITLE		[ ] DELETE	2.1 TITLE	~~Registered Agent~~	[ ] Change [X] Addition
NAME			2.2 NAME	Allen J. Rapoport	
STREET ADDRESS			2.3 STREET ADDRESS	999 Ponce De Leon Blvd., Suite 1110	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE		[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
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 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Christopher Silva - Director 4/16/96 858-4744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #