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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:10

DOCUMENT # F77747 (6)

1. Corporation Name
COHEN TILE CENTER CORP.

Principal Place of Business	Mailing Address
~~975 SOUTH CONGRESS AVENUE~~ ~~DELRAY BEACH FL 33445~~ 298 NE 183rd st Miami FL 33179	~~975 SOUTH CONGRESS AVENUE~~ ~~DELRAY BEACH FL 33445~~ 298 NE 183rd st Miami FL 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1982
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2223547 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 298 NE 183rd st	26 298 NE 183rd st
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33179 Country 25	Zip 29 33179 Country 30

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

COHEN, JACOB
975 SOUTH CONGRESS AVENUE
DELRAY BEACH 33445

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE JAN 20, 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, JACOB	1.2 NAME	
STREET ADDRESS	~~975 SOUTH CONGRESS AVE.~~ 298 NE 183rd ct	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~DELRAY BEACH FL~~ Miami FL 33179	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, OFRA	2.2 NAME	
STREET ADDRESS	~~975 SOUTH CONGRESS AVE.~~ 298 NE 183rd ct	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~DELRAY BEACH FL~~ Miami FL 33179	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: _____ PRESIDENT
(TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR)

JAN 20, 95 (305) 671-3353
Date Daytime Phone #

0267826 CP