

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**

55 MAY -1 PM 8: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H63493

(1)

1. Corporation Name

MILES OF TILES, INC.

Principal Place of Business

6331 N. FEDERAL HWY.
BOCA RATON FL 33487-3249

Mailing Address

900 NW 1 AVE
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/24/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2544293

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. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 6290 NW 27th Way

Suite, Apt. #, etc.

2a. Mailing Address

26 6290 NW 27th Way

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale FL

Zip

24 33309

25 U.S.

27 City & State

28 Ft. Lauderdale FL

Zip

29 33309

30 U.S.

9. Name and Address of Current Registered Agent

BERLIN, LOUIS
900 N.W. 1ST AVENUE
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6290 NW 27th Way

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33309

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
MISSIKA, MENAHEM
900 N.W. 1ST AVENUE
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
BERLIN, LOUIS
900 N.W. 1ST AVENUE
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
6290 NW 27th Way
Ft. Lauderdale, FL 33309
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
6290 NW 27th Way
Ft. Lauderdale, FL 33309
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or any former 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 duly authorized trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS BERLIN

Date

Telephone #

305-969-8453