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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90047 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H63493

1. Corporation Name
MILES OF TILES, INC.

NAME CHANGE - MOT - MIAMI, INC.

Principal Place of Business

6290 NW 27TH WAY
FT LAUDERDALE FL 33309
US

Mailing Address

6290 NW 27TH EAY
FT LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1985

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 2875 NE 191 ST

Suite, Apt. #, etc.

22 # 702B

City & State

23 Aventura

Zip

24 FL

Country

25 33180

2a. Mailing Address

26 2875 NE 191 ST

Suite, Apt. #, etc.

27 # 702B

City & State

28 Aventura

Zip

29 FL

Country

30 33180

9. Name and Address of Current Registered Agent

BERLIN, LOUIS
6290 NW 27TH WAY
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

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

83 2875 NE 191 ST # 702B

84 Aventura

City

85 FL

Zip Code

86 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

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 PTD ☐ DELETE

NAME MISSIKA, MENAHEM
STREET ADDRESS 6290 NW 27TH WAY
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VSD ☐ DELETE

NAME BERLIN, LOUIS
STREET ADDRESS 6290 NW 27TH WAY
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

2875 NE 191 ST # 702B

Aventura FL 33180

☒ Change ☐ Addition

2875 NE 191 ST # 702B

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☐ Change ☐ Addition

2875 NE 191 ST # 702B

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Aventura FL 33180

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED LOUIS BERLIN

Date

Daytime Phone #

3/11/99

3059331058

CR2E034 (11/98)