

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 27 AM 8:36**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # P93000037260 (5)**

1. Corporation Name  
**TILE TRANSPORT, INC.**

Principal Place of Business      Mailing Address

7957 NW 54 ST      7957 NW 54 ST  
MIAMI FL 33166      MIAMI FL 33166  
US      US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address

21 **7957 N.W. 54 ST.**      26 **Same**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23 **MIAMI FLORIDA**      28 **Same**

Zip      Zip      29 **same**      30

3. Date Incorporated or Qualified      3a. Date of Last Report

**05/21/1993**      **04/20/1994**

4. FEI Number      Applied For

**65-0430924**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    

6. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution     

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**STONE, DAVID**  
**100 S.E. SECOND ST.**  
**SUITE 2100**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City      FL      05 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      DATE

Signature typed or printed name of director or officer      Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>MAZOR, DAVID</b>
STREET ADDRESS	<b>9980 SW 130 ST</b>
CITY ST ZIP	<b>MIAMI FL</b>
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	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	<b>DAVID MAZOR</b>	
1 3 STREET ADDRESS	<b>9980 SW 130 ST</b>	
1 4 CITY ST ZIP	<b>MIAMI FLA 33176</b>	
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
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)(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: *MAZOR*      **DAVID MAZOR (REG)**      **4/14/95**      **(305) 471-0213**

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR      DATE