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
95 MAY -1 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015654 (4)

1. Corporation Name
MATTIQUE TILE, INC.

Principal Place of Business	Mailing Address
16853 N.E. 2ND AVE. SUITE 303 NORTH MIAMI FL 33162	16853 N.E. 2ND AVE. SUITE 303 NORTH MIAMI FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:

21 2. Principal Place of Business	468 N.E. 206 LANE	26 2a. Mailing Address	468 N.E. 206 LANE
22 Suite, Apt. #, etc.	208	27 Suite, Apt. #, etc.	208
23 City & State	NORTH MIAMI	28 City & State	NORTH MIAMI
24 Zip	33179	29 Zip	33179
25 Country	FL	30 Country	FL

4. FEI Number: 650471725 ☐ 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

OSHINSKY, LEONARD
1150 E. HALLANDALE BCH BLVD., SUITE A
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: Linda M. Smith, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 11900 Biscayne Blvd
83: Suite 200
84 City: Miami FL 85 Zip Code: 33181

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: Linda M Smith 5/30/95
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	11 TITLE	D ☑ Change ☐ Addition
NAME	CARR, BRIAN	12 NAME	KELLY, IAN
STREET ADDRESS	16853 N.E. 2ND AVE., STE. 303	13 STREET ADDRESS	468 N.E. 206 LN. # 208
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	14 CITY-ST-ZIP	N.M.B. FL 33179
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CARR, LISA	22 NAME	
STREET ADDRESS	16853 N.E. 2ND AVE., STE. 303	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

$79/9

REMITTED BY MAY 1.

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: I. Kelly IAN KELLY 4 24 1995 305-770-0659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174700 CP