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

97 SEP 12 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085586 (3)

1. Corporation Name

COACHMAN TILE, INC.

REINSTATEMENT 95-97

Principal Place of Business: ~~1607 NW 183RD ST MIAMI FL 33169~~

Mailing Address: ~~1607 NW 183RD ST MIAMI FL 33169~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1224 N.W. 119 STREET	26 SAME
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28
Zip 24 33167 — Country 25 USA	Zip 29 — Country 30

3. Date Incorporated or Qualified: 11/23/1994
3a. Date of Last Report:
4. FEI Number: 65-0539363 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

9. **Name and Address of Current Registered Agent**

~~COACHMAN, SHARON~~
~~1680 NW 128TH ST~~
~~MIAMI FL 33167~~

10. **Name and Address of New Registered Agent**

81 Name: SHARON W. COACHMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1224 N.W. 119 STREET
83
84 City: MIAMI FL 85 Zip Code: 33167

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: SHARON W. COACHMAN DIRECTOR [signature] DATE 9-4-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: COACHMAN, SHARON STREET ADDRESS: 1680 NW 128TH ST CITY-ST-ZIP: MIAMI FL 33167	[X] Change [ ] Addition 1.1 TITLE 1.2 NAME: SHARON W. COACHMAN 1.3 STREET ADDRESS: 1224 N.W. 119 STREET 1.4 CITY-ST-ZIP: MIAMI, FL. 33167
	[ ] Change [ ] Addition 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP 600002294716--6 -09/16/97--01078--001 ****500.00 ****500.00
	[ ] Change [ ] Addition 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP 600002294716--6 -09/16/97--01078--002 ****500.00 ****500.00
	[ ] Change [ ] Addition 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP 600002294716--6 -09/16/97--01078--003 *****80.00 *****80.00
	[ ] Change [ ] Addition 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP O. Alan 9/12/97
	[ ] Change [ ] Addition 6.1 TITLE / 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: SHARON W. COACHMAN DIRECTOR [signature] 9-4-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 305-688-1517