FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address PO BOX 527825

MIAMI FL 33152-7825

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

PO BOX 527825

MIAMI FL 33152



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033957 (7)

MEDITERRANEAN TILES, INC.

3. Date incorporated or Qualified 3a. Date of Last Report 04/18/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0676056 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees **Trust Fund Contribution** 23 28 Country Zip Country Zψ This corporation has liability for intangible tax under s. 199,032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAZDAY, SALOMON JR. SALOMON HAZDAY, JR. C/O HAFT & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 1001 S. BAYSHORE DR., #2702 1101 BRICKELL AVENUE MIAMI FL 33131-4900 83 SUITE 800 - SOUTH TOWER Zip Code 33/3/ City 84 niami 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. SALOMON HAZDAY, JR.
(NOTE Registered Agent signature required when reinstating) SIGNATURE Signature, Typed or printed name of registored agent and tille if agolicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12 13. DIRECTOR, PRESIDENT, SECRETARY DELETE 1.1 TITLE THLE HAZDAY, SALOMON JR. ★ 1.2 NAME 1101 BRICKELL AVENUE NAM: CR2E034 1001 S. BAYSHORE DR., #2702 SUITE 800 - SOUTH TO WER 1.3 STREET ADORESS STREET ADDRESS MIAMI FL 33131-4900 1.4 CITY-ST-ZIP Minni, FL 3313/ CITY - S1 - ZIF DELETE Addition THE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY ST-20 DELETE Change Addition THLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTM - ST - 7(F) Addition DELETE 51 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-\$1-ZIF DELETE Change Addition 6.1 TITLE 1071.8 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

305381-9303

FILED

May 01 1997 8:00am

Secretary of State