SIGNATURE:

GNATURE AND TYPE OR POWED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P98000011908 FILED EUROPEAN TILE MASTERS, INC. JUL 19 PM 2: 23 Principal Place of Business Mailing Address SECRETARY OF STATE 1830 VISTA WAY TALLAHASSEE, FLORIDA 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Cily & State MAREATE City & State 4. FEI Number 65-0815722 Not Applicable 3<u>306 3</u> Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENJAMIN SZELL BENJAMIN SZELL Street Address (P.O. Box Number is Not Acceptable) W. SAMAGE VISTA WAY CORAL SPRINGS, FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State PACSION T OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT BENJAMIN SZELL 11938 W. SAMPLE ROAD Dolete TITLE ☐ Addition DAME NAME BENJAMIN SZELL 1830 VISTA WAY STREET ADDRESS STREET ADDRESS CORAL SPRINES FZ 33065 CITY-ST-ZIP CITY-ST-ZIP MARBATE Delete TITLE DIRECTOR TITLE Change Addition NAME KRYSTAL SZELL 11938 W. SAMPLE ROAD HAME 35768 STREET ADDRESS STRUCT ADDRESS 08/15/01--01020--00: Crty-ST-ZIP CITY-ST-ZIP 00DILE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - SI - ZIP CITY-S1-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deicte TITLE ☐ Addition NAME NAME STREET ADDRESS STHEET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 report or supplemental 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 11 or Block 12 it changed, or on an attachment with an address, with all other like expowered.

## EUROPEAN TILE MASTERS, INC. DOC.#P98000011908

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TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY,

BENJAMIN SZELI

PRESIDĖNT