

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

APPROVED AND FILED

95 APR 26 AM 8:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S26148 (4)

1. Corporation Name
ALL AMERICA TILE & MARBLE, INC.
18504 NE 5TH AVE
N.M. BCH FL 33179

Principal Place of Business *CHANGE OF ADDRESS*
~~6151 MIRAMAR PARKWAY
SUITE 720
MIRAMAR FL 33023~~

Mailing Address
~~6151 MIRAMAR PARKWAY
SUITE 720
MIRAMAR FL 33023~~

DO NOT WRITE IN THIS SPACE.

3. Data Incorporated or Qualified 01/18/1991
3a. Date of Last Report 04/22/1994

4. FEI Number 65-0237098
Applied For Applied For Not Applicable

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

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

7. This corporation has liability for intangible tax under D. 100.002, Florida Statutes Yes No

2. Principal Place of Business

21 18504 NE 5TH AVE
22 Suite, Apt. #, etc.
23 City & State N.M. BCH FL

2a. Mailing Address

26 18504 NE 5TH AVE
27 Suite, Apt. #, etc.
28 City & State N.M. BCH FL

24 Zip 33179 **25** Country DADE
29 Zip 33179 **30** Country DADE

9. Name and Address of Current Registered Agent

COHEN, JACOB
18504 N.E. 5TH AVENUE
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code **FL**

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 *SUSAN COHEN* *[Signature]* **DATE** 4/20/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COHEN, JACOB
STREET ADDRESS	18504 N.E. 5TH AVENUE
CITY - ST - ZIP	NORTH MIAMI BCH FL
TITLE	D
NAME	COHEN, SUSAN
STREET ADDRESS	18504 NE 5TH AVE.
CITY - ST - ZIP	N. MIAMI BEACH FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 110.07(3)(A), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *SUSAN COHEN* *[Signature]* **DATE** 4/20/95 *[Signature]*