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 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S93376** **(9)**

1. Corporate Name

N. M. TILE, INC.

Principal Place of Business	Mailing Address
5020 S W 95TH COURT MIAMI FL 33165	5020 S W 95TH COURT MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/12/1991	06/09/1994

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. # or P.O. Box	State, Apt. # or P.O. Box
22	27
City & State	City & State
23	28
Zip / County	Zip / County
24 / 25	29 / 30

4. FEI Number: **65-0295483** ☐ 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	10. Name and Address of New Registered Agent
MARTIN, NELSON 5020 S W 95TH COURT MIAMI FL 33165	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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 (Required if this is a change of registered agent or registered agent's address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, NELSON	2 NAME	
STREET ADDRESS	5020 SW 95TH COURT	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4 CITY-ST-ZIP	
TITLE	SD	5 TITLE	☐ Change ☐ Addition
NAME	MARTIN, LAZARA	6 NAME	
STREET ADDRESS	5020 SW 95TH COURT	7 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	8 CITY-ST-ZIP	
TITLE		9 TITLE	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY-ST-ZIP		12 CITY-ST-ZIP	
TITLE		13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I/We 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 above, or on an attached sheet with an address.

SIGNATURE: [signature] 4-26-95 (305) 274-1915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0177076 CP