SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

8/c

FILED
Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P18916 (7)

1. Corporation Name
LATICRETE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1 LATICRETE PARK NORTH BETHANY CT 06525	1 LATICRETE PARK NORTH BETHANY CT 06525

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 04/20/1988
4. FEI Number: 06-0774147 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BALDWIN, GEORGE W.
380 FEDERAL HIGHWAY
LAKE PARK FL 33403

10. Name and Address of New Registered Agent
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 607.0502 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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
TITLE	CD	☐	1.1 TITLE	☐	☐
NAME	ROTHBERG, HENRY M		1.2 NAME		
STREET ADDRESS	103 NORTH SEWALL POINT ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		1.4 CITY-ST-ZIP		
TITLE	PD	☐	2.1 TITLE	☐	☐
NAME	ROTHBERG, DAVID A		2.2 NAME		
STREET ADDRESS	30 OLD MILL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBRIDGE CT 06525		2.4 CITY-ST-ZIP		
TITLE	V	☐	3.1 TITLE	☐	☐
NAME	ROTHBERG, HENRY B		3.2 NAME		
STREET ADDRESS	19 OXBOW LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBRIDGE CT		3.4 CITY-ST-ZIP		
TITLE	S	☐	4.1 TITLE	☐	☐
NAME	ROTHBERG, LILLIAN R		4.2 NAME		
STREET ADDRESS	103 NORTH SEWALL POINT ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		4.4 CITY-ST-ZIP		
TITLE	V	☐	5.1 TITLE	☐	☐
NAME	WALKER, JAMES F		5.2 NAME		
STREET ADDRESS	23 HIGHPOINT ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBURY CT 06798		5.4 CITY-ST-ZIP		
TITLE	V	☐	6.1 TITLE	☐	☐
NAME	LU, DANIEL C		6.2 NAME		
STREET ADDRESS	397 CARRINGTON ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BETHANY CT 06525		6.4 CITY-ST-ZIP		

14. I 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 ... 8/17/98 203-393-0010 x216

CR2E034 (5/98)