

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000071028 (1)
1. Corporation Name

ITALIAN AMERICAN INTERLOCKING PAVERS, INC.



Principal Place of Business: 5612 NW 8TH ST. MARGATE FL 33063
Mailing Address: 5612 NW 8TH ST. MARGATE FL 33063

3. Date Incorporated or Qualified: 09/11/1995
3a. Date of Last Report
4. FEI Number: 05 0609318
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

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

9. Name and Address of Current Registered Agent
MIGNONE, MICHELE
5612 NW 8TH STREET
MARGATE FL 33063

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: _____ DATE: 6/26/96

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MIGNONE, MICHAEL	
STREET ADDRESS	6241 SW 10TH CT.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068-3436	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Mignone, Michael	
13 STREET ADDRESS	5612 N.W. 8th Street	
14 CITY-ST-ZIP	Margate, FL. 33063	
21 TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Michele Mignone	
23 STREET ADDRESS	5612 N.W. 8th Street	
24 CITY-ST-ZIP	Margate, FL. 33063	
31 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Alex Mignone	
33 STREET ADDRESS	5612 N.W. 8th Street	
34 CITY-ST-ZIP	Margate, FL. 33063	
41 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Roberto Mignone	
43 STREET ADDRESS	5612 N.W. 8th Street	
44 CITY-ST-ZIP	Margate, FL. 33063	
51 TITLE	T/A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Daniel Mignone	
53 STREET ADDRESS	5612 N.W. 8th Street	
54 CITY-ST-ZIP	Margate, FL. 33063	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michele Mignone MICHELE MIGNONE 6/26/96 954 972-4089

CR2E034 (3/96)