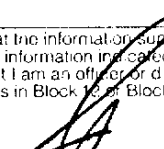


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 640288 (7)		1. Corporation Name ITALIAN CERAMICS, CORPORATION	
Principal Place of Business 7575 WEST 2ND CT. HIALEAH FL 33014-4303		Mailing Address 7575 WEST 2ND CT. HIALEAH FL 33014-4303	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent PEREZ, MANUEL 7830 W 6TH AVENUE HIALEAH FL 33012		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			
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE NAME STREET ADDRESS CITY - ST - ZIP PD PEREZ, MANUEL 7830 W 6TH AVENUE HIALEAH FL 33012		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP Change Addition	
15 TITLE NAME STREET ADDRESS CITY - ST - ZIP D GONZALEZ, RAUL 736 NW 22ND. AVE. MIAMI FL 33125		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP Change Addition	
16 TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP Change Addition	
17 TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP Change Addition	
18 TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP Change Addition	
19 TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP Change Addition	
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: 		MANUEL PEREZ	
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/01/96 357-8660	

CR2E034 (3/96)