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Apr 30 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P29960 (2)
1. Corporation Name
PORCELANITE, INC.



Principal Place of Business
20 VICTOR STREET
LEXINGTON NC 27282-5230

Mailing Address
20 VICTOR STREET
LEXINGTON NC 27282-5230

3. Date Incorporated or Qualified 06/27/1990	3a. Date of Last Report 06/21/1996
4. FEI Number 56-0639028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBO	1.1 TITLE	
NAME	ABOUMRAD, ALEJANDRO	1.2 NAME	
STREET ADDRESS	20 VICTOR STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON NC	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	President & CEO
NAME	LEHMAN, DAVID G	2.2 NAME	Cabeke, Guy J.
STREET ADDRESS	20 VICTOR STREET	2.3 STREET ADDRESS	20 Victor Street
CITY-ST-ZIP	LEXINGTON NC	2.4 CITY-ST-ZIP	Lexington, NC 27292
TITLE	ST	3.1 TITLE	
NAME	MATTHEWS, MARK	3.2 NAME	
STREET ADDRESS	20 VICTOR STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON NC	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 or as an attachment with an address.

SIGNATURE: *Mark Matthews* Secretary/Treasurer 1-20-97 910/242-5618

CR2E034 (9/96)