2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P29960 1. Entity Name PORCELANITE, INC.			R)	FILED May 17, 2001 8:00 am Secretary of State 05-17-2001 91306 042 ***150.00		
Principal Place of Business Mailing Address 20 VICTOR STREET 20 VICTOR STREET LEXINGTON NC 27292-5230 LEXINGTON NC 27		REET				
2. Principal Place of Business 1184 W. Corporate Dr. Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	
Arlington, TX	City & State	y & State		FEI Number 56-0639028	<u>}</u>	pplied For lot Applicable
Zip 76006 Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ac Fee Requir	ditional
6. Name and Address of Current F	Registered Agent	- I	7.	Name and Address of New Reg		
		Name-				
CORPORATION SERVICE COMPANY 1201 HAYES STREET		Street A	Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301	City					
8. The above named entity submits this statement for						ue
 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND C 	After MAY 1, 2 Make Check Paya	III FEE IS \$150. 001 Fee will be \$ ble to Departmen	50:00 t of State	10. Election Campaign Finar Trust Fund Contribution. DDITIONS/CHANGES TO OFFIC	Adde	DO May Be d to Fees
TITLE COBD NAME ABOMRAD, ALEJANDRO STREET ADDRESS BOOZUES DE CIRVELOS/NO 130- CITY-ST-ZIP BOOQUE DE LUS LANAS	/ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Preside Ronald 1184 W	at Cutler, Corporate Dr on, TX 76006		
TITLE PCEO NAME CABEKE, GUY J STREET ADDRESS 20 VICTOR STREET CITY-ST-ZIP LEXINGTON NC	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controll	er Lisea . Corporate Dr.	Change	Addition
TITLE V NAME DE MIGUEL, ANTONIO STREET ADDRESS 20_VICTOR_ST CITY-ST-ZIP LEXINGTON NC		TITLE NAME <u>STREET</u> ADDRESS CITY-ST-ZIP	Assistant Alejan 1184-W. Arlincto	t Secretary Iro Sanchez Corporete-Dr on TX 76006	Change	Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assista. Humbert	t Secretary to Gutierrez orporate Dr.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUNGH	<u>, / / / / / / / / / / / / / / / / / / /</u>	Change	Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
 I hereby certify that the information supplied with the indicated on this report or supplemental report is the of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with the supplemental report. SIGNATURE: 	the all other like empowered		ed in Section ave the same pter 607, Flori	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oati da Statutes; and that my name a	rther certify that the ir h; that I am an officer ppears in Block 11 or 817 (AD7 -	formation or director Block 12 if