

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P34706 (2)
1. Corporation Name
LTS CERAMICS, INC.



Principal Place of Business: **1224 BELL AVENUE FORT PIERCE FL 34982**
Mailing Address: **1224 BELL AVENUE FORT PIERCE FL 34982**

3. Date Incorporated or Qualified: **07/17/1991**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **13-3581160**
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**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

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: _____ DATE: _____
Signature typed or printed name of registered agent and the applicable date. Registered Agent Signature (to be filled when not filing)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MAKTOUF, TAOUFIK	
STREET ADDRESS	4454 WHISPERING PINE	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAKTOUF, SAMIR	
STREET ADDRESS	3131 INDUSTRIAL PARK	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAKTOUF, ADEL	
STREET ADDRESS	4454 WHISPERING PINE	
CITY - ST - ZIP	FT PIERCE FL	
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

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Taufik Maktouf* **TAOUFIK MAKTOUF** **4/28/96** **4071465-5445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration #

CR2E034 (12/95)