

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$560 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Sep 09 1998 8:00am  
Secretary of State

DOCUMENT # **P97000080627 (7)**

1. Corporation Name  
**ABRAXAS CERAMICS CORP.**



Principal Place of Business  
**5775 COLLINS AVE  
UNIT 1205  
MIAMI BEACH FL 33140**

Mailing Address  
**5775 COLLINS AVE  
UNIT 1205  
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **431 GARLEND AVE.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **CORAL GABLES, FL**  
Zip  
24 **33146** Country  
25 **USA**

2a. Mailing Address  
26 **431 GARLEND AVE.**  
Suite, Apt. #, etc.  
27  
City & State  
28 **CORAL GABLES, FL**  
Zip  
29 **33146** Country  
30 **USA**

3. Date Incorporated or Qualified  
**09/17/1997**

4. FEI Number  
**65-0781271** 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	GONZALEZ, SERGIO R	
STREET ADDRESS	5775 COLLINS AVE, UNIT 1205	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	RIGOZZO, MARCO	
STREET ADDRESS	5775 COLLINS AVE, UNIT 1205	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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

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-09/11/98--01025--022  
\*\*\*150.00

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7/1/98 305477234

pg 2  
Miami, July 7, 1998

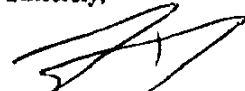
Abraxas Ceramics Corp.  
431 Garlenda Ave.  
Coral Gables, FL 33146  
65-0781271

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs,

Please accept our apologies for the unusually long time taken for this form to reach you. As per our conversation with a young lady at your department we are enclosing the \$150.00 check necessary for the filing of the form. The delay was caused because we had not received the first notice to pay, an unfortunate second delay was caused when the form was misplaced by one of our employees and found a few weeks later. The employee had assured us he had already sent the form. Please excuse our carelessness with this matter, we have taken measures to make sure it does not happen again. We thank you in advance for your kind understanding, please do not hesitate to contact us in the event you might have any inquiries.

Sincerely,



Marco Pigozzo  
Vice-President