

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:23

DOCUMENT # S00143 (5)

1. Corporation Name
RANDYCERAMIC LAB INC.

Principal Place of Business: **8550 W. FLAGLER ST. STE. 112 MIAMI FL 33144 US**
 Mailing Address: **8550 W. FLAGLER ST. STE. 112 MIAMI FL 33144 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted	3a. Date of Last Report
09/13/1990	08/08/1994
4. FEI Number	Applied For
65-0219328	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Certificate of Good Standing	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has failed, for purposes of Chapter 1, 199 (2)(b) Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Fax	29. Fax
25. Telex	30. Telex

9. Name and Address of Current Registered Agent
**LORENZO, LEANDRO
 1554 W 5TH AVE
 HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504 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 hereby waiving and accepting the obligations of Section 607.0506 Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent)
 _____ (Signature of Registered Agent)
 _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	D	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, LEANDRO	12. NAME	
STREET ADDRESS	1554 W 5TH AVE	13. STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL	14. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I 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)(b) Florida Statutes. I further certify that the information is stated on this annual report or supplementary annual report in true and correct 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 authorized to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or any attachment thereto.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-27-95
 305-229-0255

CR2E034 (3/95)