

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

PROFIT CORPORATION- ANNUAL REPORT 1996



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

FILED
Feb 21 1996 8:00 am
Secretary of State

DOCUMENT # **S55957 (2)**

1. Corporation Name
MEX-ITALIA CERAMICS, INC.



Principal Place of Business: **2456 NORTH STATE ROAD 7 MARGATE FL 33063**
Mailing Address: **2456 NORTH STATE ROAD 7 MARGATE FL 33063**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/28/1991	3a. Date of Last Report 03/07/1995
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0266106	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRAYNOR, TIMOTHY 2456 NORTH STATE ROAD 7 MARGATE FL 33063	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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME TRAYNOR, TIMOTHY		2.1 NAME V PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. STREET ADDRESS 220 SE 3RD AVENUE		2.2 STREET ADDRESS TIMOTHY TRAYNOR	
4. CITY-STATE-ZIP POMPANO BEACH FL 33063		2.3 CITY-STATE-ZIP 220 SE 3RD AVENUE POMPANO BEACH	
5. TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6. NAME		3.2 NAME SECTY	
7. STREET ADDRESS		3.3 STREET ADDRESS TIMOTHY TRAYNOR	
8. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP 220 SE 3RD AVE POMPANO BEACH FL 33060	
9. TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
10. NAME		4.2 NAME TREAS	
11. STREET ADDRESS		4.3 STREET ADDRESS TIMOTHY TRAYNOR	
12. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP 220 SE 3RD AVENUE POMPANO BEACH FL	
13. TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME		5.2 NAME	
15. STREET ADDRESS		5.3 STREET ADDRESS	
16. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
17. TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME		6.2 NAME	
19. STREET ADDRESS		6.3 STREET ADDRESS	
20. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 change or of an addition with an address.

SIGNATURE: *Timothy Traynor* **2/16/96** **959 992 9555**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Lic./Time Frame #)

CR2E034 (12/95)