FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$55957

(2)

MEX-ITALIA CERAMICS, INC.

Secretary of State

FILED

Jan 22 1997 8:00am

	e of Business STATE ROAD 7 33063	2456 NORTH	Mailing Address 2456 NORTH STATE ROAD 7 MARGATE FL 33083-5742						
						3. Date Incorporated or Qualified 05/28/1991	3a. Date o		eport
2, Principal P	Place of Business	2a. Mailing /	doress			4. FEI Number	Ocie il	1 7	plied For
21		26				65-0266106		No	t Applicable
Suite, Apt	#, etc.	Suite, Ap	t #, etc.			5. Certificate of Status Desired	\$		Additional
22		27		,		2 1 307 Middle 97 314,00 position		Fee Re	
City & Stat	le	City & St	ate			6. Election Campaign Financing			May Be
Z (p)	Country	28 Zip		Country		Trust Fund Contribution		Added (
24	25	29	30	ໆ 1	1	8. This corporation has liability for Florida Statutes	ritangible tax Yes 🔲 N		. 199.032,
24	g. Name and Address of Curre			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		10. Name and Address of New Re			
TRA	YNOR, TIMOTHY			81	Name				
	6 NORTH STATE ROAD 7			82	Street Arto	ress (P.O. Box Number is Not Acceptab	le)		
MARGATE FL 33-63				02	Olitect Add	and the state of the track and the state of			
,,,,,				83					
				84	City		8	5 Zip (Code
	Name - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				<u> </u>		FL °	1	
off-se or agent 1 a	to the provisions of sections 607 of registered agent, or both, in the Sta am fam har with, and accept the obti	te of Florida. Such d	change was auth	horized b	v the corpora	poration submits this statement for the patients board of directors. I hereby accept	of the appoint	nging it ment as	registered
SIGNATURE	Signature, type discipanited runne of regularise of a	a per constitutional asset.	(NOTE R	legistered Ag	ont signature requ	uired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	IS IN 12
TITLE	PD		DELETE	1.1 TITLE				Change	☐ Addition
NAME	TRAYNOR, TIMOTHY			1.2 NAME					
STREET ADDRESS	220 SE 3RD AVENUE			1.3 STREE	ADORESS				Į,
CITY ST-ZIP	POMPANO BEACH FL 33063		(50)675		ST-ZIP				
TITLE	V	L	DELETE 21TH				Ш	Change	☐ Addition
NAME	TRAYNOR, TIMOTHY			22 NAME					
STREET ADDRESS	220 SE 3RD AVE			4 ·	ADDRESS				,
CITY-ST-ZIP TITLE	POMPANO BCH FL	····	DELETE	2 4 CITY - 31 TITLE	SI-ZIP			Change	Addition
NAME	TRAYNOR, TIMOTHY	L	J PELETE.	32 NAME				Out in it is	F=1 COUNTY
STREET ADDRESS	444 AF ABB 41 P				T ADDRESS				
CITY - ST - ZIP	POMPANO BCH FL			3.4. CITY-					
TITLE	7		DELETE	4.1 TITLE	G) - EII			Change	Addition
NAME	TRAYNOR, TIMOTHY		-	4. 2 NAME			_	-	
STREET ADDRESS	220 SE 3RD AVE				T ADDRESS				
CITY - ST - 7iP	POMPANO BCH FL			4.4 CITY -	Į.				
THLE			5.1 TITLE		***************************************		Change	Addition	
NAME				52 NAME					
STREET ADORESS				1	ADDRESS				1
CITY-SI-ZIF				5.4 CITY-1					
TITLE			DELLTE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					

14. 1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 of 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 originated, or an attachment with an Address.

6 4 CITY - ST - ZIP

6.3 STREET ADDRESS

STREET ADDRESS