

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

**FILED**

**Jan 22 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**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 33063-5742**

3. Date Incorporated or Qualified: **05/28/1991**

3a. Date of Last Report: **02/21/1996**

4. FEI Number: **65-0266106**

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

21. Principal Place of Business Suite, Apt. #, etc.: [ ]

22. City & State: [ ]

23. Zip: [ ] Country: [ ]

24. [ ] 25. [ ]

26. Mailing Address Suite, Apt. #, etc.: [ ]

27. City & State: [ ]

28. Zip: [ ] Country: [ ]

29. [ ] 30. [ ]

9. Name and Address of Current Registered Agent

**TRAYNOR, TIMOTHY  
2456 NORTH STATE ROAD 7  
MARGATE FL 33-63**

10. Name and Address of New Registered Agent

81. Name: [ ]

82. Street Address (P.O. Box Number is Not Acceptable): [ ]

83. [ ]

84. City: [ ]

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRAYNOR, TIMOTHY	
STREET ADDRESS	220 SE 3RD AVENUE	
CITY - ST - ZIP	POMPANO BEACH FL 33063	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TRAYNOR, TIMOTHY	
STREET ADDRESS	220 SE 3RD AVE	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRAYNOR, TIMOTHY	
STREET ADDRESS	220 SE 3RD AVE	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TRAYNOR, TIMOTHY	
STREET ADDRESS	220 SE 3RD AVE	
CITY - ST - ZIP	POMPANO BCH 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

1.1 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 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 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, unchanged, or in an amendment with an address.

SIGNATURE: *Timothy J. Traynor* Pres. Timothy J. TRAYNOR 1/9/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)