

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Oct 01 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # S55957
 1. Corporation Name

(2)

MEX-ITALIA CERAMICS, INC.



Principal Place of Business

2905 S. CONGRESS AVENUE
 DELRAY BEACH FL 33445

Mailing Address

2905 S. CONGRESS AVENUE
 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4059 W ATLANTIC AVENUE
 Suite, Apt #, etc.

2a. Mailing Address

26 4059 W ATLANTIC AVENUE
 Suite, Apt #, etc.

22 City & State

23 DELRAY BEACH FL

24 33445

25 PALM BEACH

27 City & State

28 DELRAY BEACH FL

29 33445

30 PALM BEACH

9. Name and Address of Current Registered Agent

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

81 Name

TRAYNOR, TIMOTHY

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

4059 W ATLANTIC AVENUE

83

84 City

DELRAY BEACH

FL 85 33445

3. Date Incorporated or Qualified

05/28/1991

4. FEI Number

65-0266106

Applied For Not Applicable

5. Certificate of Status Desired

XXX

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

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 type: For principal name of registered agent (fill in if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME TRAYNOR, TIMOTHY

STREET ADDRESS 220 SE 3RD AVENUE

CITY-STATE-ZIP POMPANO BEACH FL 33063

TITLE V [] DELETE

NAME TRAYNOR, TIMOTHY

STREET ADDRESS 220 SE 3RD AVE

CITY-STATE-ZIP POMPANO BCH FL

TITLE S [] DELETE

NAME TRAYNOR, TIMOTHY

STREET ADDRESS 220 SE 3RD AVE

CITY-STATE-ZIP POMPANO BCH FL

TITLE T [] DELETE

NAME TRAYNOR, TIMOTHY

STREET ADDRESS 220 SE 3RD AVE

CITY-STATE-ZIP POMPANO BCH FL

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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 if changed, or on an attachment with an address.

SIGNATURE

[Handwritten Signature]

9/17/98

CR2E034 (5/98)