1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000073584

CERAMIX, CORP.

FILED Mar 01, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address							
,		7922 VILLA NOVA DRIVE N BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed				
					08/20/1998				
2 Principal P	lace of Business	2a. Mailing Address		1h 0	4. FEI Number	\	Ap	plied For	
21 129	5 NW 17th A	1201305 NW) [[[T'I AVE	1 105-085 82	Y2	No	t Applicable	
Suite, Apt.	#_ etc.	Suite Apt. #_etc.			T. G. different of Otation Regional		\$8.75 ₽	Additional	
$\frac{1}{22}$					5. Certifcate of Status Desired	32 1	Fee Re	Fee Required	
City & Stat	iy Beach, FL	City & State	3ea	ch, A	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	•	
Zip	Country	Zip	Coyl	120	8. This corporation owes the curr	ent year Inta			
24 33 ^L	145 25 1001		30 L		Personal Property Tax.	logistored :		□No	
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New F	egisterad	Agent		
HER	BSTMAN, WARREN			o i italie					
	VILLA NOVA DRIVE N			82 Street Addr	ess (P.O. Box Number is Not Accepta	ible)			
	A RATON FL 33433			83					
				84 City		FL	85 Zip C	Code	
11 Pureuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	s. the at	ove-named corp	oration submits this statement for the	nurnose of	changing its	registered	
office or	to the provisions of Sections 607.050. registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was au	thorized	by the corporation	on's board of directors. I herebý accep	t the appoir	ntment as re	gistered 7	•
	im familiar with, and accept the obligat			tes.		JIDI K	29		
SIGNATION	//aun	TOUR XX		_		H(A)			
	Signature, typed or printed name of registered age	t and title if applicable. (NOTE:	Registered	Agent signature require	d when reinstating)	DATE			á
12.	Signature, typed or printed name of registered age OFFICERS AN	t and title if applicable. (NOTE: D DIRECTORS	Registered 13.	Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OF	FICERS AN			(00)
12.		, (_			FICERS AN	ID DIRECTO	RS IN 12	(44,00)
	OFFICERS AN	D DIRECTORS	13.	E		FICERS AN			(44,00)
TITLE	OFFICERS AN	D DIRECTORS	13. 1.1 TIT 1.2 NA	E		FICERS AN			(44/06)
TITLE NAME	OFFICERS AN D HERBSTMAN, WARREN	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	E ME		FICERS AN	☐ Change	☐ Addition	(90/14/06)
TITLE NAME STREET ADDRESS	OFFICERS AN D HERBSTMAN, WARREN 7922 VILLA NOVA DRIVE N	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	LE ME REET ADDRESS Y-ST-ZIP		FICERS AN			CD0E024 (44,000)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D HERBSTMAN, WARREN 7922 VILLA NOVA DRIVE N	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR 2.1 TIT 2.2 NA	LE ME REET ADDRESS Y-ST-ZIP LE		FICERS AN	☐ Change	☐ Addition	CB2E034 (41/08)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D HERBSTMAN, WARREN 7922 VILLA NOVA DRIVE N	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR 2.1 TIT 2.2 NA	E ME REET ADDRESS Y-S1-ZIP E		FICERS AN	☐ Change	☐ Addition	CB2E034 (11(08)
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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 atachment with an address, with all other like empowered.