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

PROFIT **CORPORATION ANNUAL REPORT**

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FILED Apr 21 1998 8:00am. Secretary of State

ITALIAN CERAMICS, CORPORATI	ON			818H 818H 848H 848H 818H 818H
Principal Place of Business	Mailing Address		}	81811 81811 81811 81811 8 <u>18</u> 11 1881
7575 WEST 2ND CT. 7575 WEST 2ND CT. HIALEAH FL 33014-4303 HIALEAH FL 33014-4303			DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualified	10 01 1101.
			08/10/1979	
2. Principal Place of Business	2a. Mailing Address		4. FFI Number	Applied For
21	26		59-2101323	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζφ	Country	8. This corporation owes or has paid the	
24 25	[29]	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	∌d Agent
PEREZ, MANUEL		81 Name		
7830 W 6TH AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33012				
		83		
		84 City		85 Zip Code
6	00			L 65 Zip code
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliging 	e of Florida. Such change was :	authorized by the corpora	poration such is this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	in the second		and the second s	
Signature, typical or printed transic rate general no	POLICE OF A PROPERTY OF A STATE O	I Registered Agent signature requ	·······	
TITLE PD OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME PEREZ, MANUEL	<u></u>	1.2 NAME		En charge En receipe
STREET ADDRESS 7830 W 6TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP HIALEAH FL 33012		1.4 CITY - ST - ZIP		
TITLE D	DELETE	2.1 HTLE		Change Addition
NAME GONZALEZ, RAUL		2.2 NAME		-
STREET ADDRESS 736 NW 22ND. AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33125		2. 4 CITY - S1 - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CHY-S1-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-S1-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5 1 THLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-7IP		
TITLE	DELETE	6.1 1ITLF		☐ Change ☐ Addition
NAME	ı	6.2 NAME		
STREET ADDRESS	$\sim I$	6.3 STREET ADDRESS		j
CITY-ST-ZIP		6.4 CHY-ST-ZIP		j.

indicated on this armunit 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 of unice 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 attachnyor with an address.