FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # K10044 **(1)**

1. Corporation Name

R & A CERAMICS, INC.

Principal Place of Business	Mailing Address
8279 N.W. 56TH ST. MIAMI FL 33166	8279 N.W. 56TH ST. MIAMI FL 33166

3. Date Incorporated or Qualified: 12/29/1987
3a. Date of Last Report: 10/13/1995
4. FEI Number: 65-0077881 ☐ 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

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

COTE, DENNIS
4220 S.W. 96TH AVE.
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: Arnaldo Arnaez
82 Street Address (P.O. Box Number is Not Acceptable): 8281 NW 56 St.
83
84 City: Miami FL 85 Zip Code: 33166

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]

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD.	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ARNAEZ, RAMONA		1.2 NAME	
STREET ADDRESS	4220 SW 96 AVE		1.3 STREET ADDRESS	16142 SW 155 Ave
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami FL 33187
TITLE	SD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ARNAEZ, ARNALDO		2.2 NAME	
STREET ADDRESS	4220 SW 96 AVE		2.3 STREET ADDRESS	16142 SW 155 Ave
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami FL 33187
TITLE	V	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COTE, DENNIS J		3.2 NAME	
STREET ADDRESS	4220 SW 96 AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	400001877574
STREET ADDRESS			6.3 STREET ADDRESS	-06/27/96--01018--046 ***200.00
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 4-5-96 305-477-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)