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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # K10044

(1)

R & A CERAMICS. INC.

FILED Apr 28 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 8279 N.W. 56TH ST. 8279 N.W. 56TH ST. MIAMI FL 33166 4028									
					3. Date Incorporated or Qualified 12/29/1987		of Last Ro 1/1996	eport]
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	·		plied For	-
21		26			65-0077881		No	t Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		l
22		27					Fee Re	<u> </u>	4
City & State		City & State	<u></u>		6. Election Campaign Financing	П	\$5.00		1
Zip	Country 7-p		Country	·	Trust Fund Contribution	otensible to	Added to		
24	25	29	30	,	8. This corporation has liability for intangible tax under s. 199. Florida Statutes			199.032,	
	9. Name and Address of Curre		130		10. Name and Address of New Re				1
ARN	IAEZ, ARNALDO	***************************************	81	Name					1
	NW 56 ST		82	Street Add	ress (P.O. Box Number is Not Acceptab	۱۵۱			-
MIĂ	MI FL 33166		52	Once, mas	Toda (F.O. Lox Humber is Not Nodeplas	10)			
•			83						
			84	Cily		F-1	85 Zip C	Code	1
	60.20	20 007 1000 17 17 17 17		l		FL			
office or r	egistered agent, or both, in the State	of Florida, Such change was a	es, the abov authorized b	e-named con y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose or c I the appoi	nanging its ntment as i	s registered registered	
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, Fig	orida Statute	S.					ļ
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable. (NOI	E. Registered Ap	ent signature requi	ired when reinstating)	()ATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR:	S IN 12	18
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition	Ìğ
NAME	ARNAEZ, RAMONA		1.2 NAME						2
STREET ADORESS	16142 SW 155 AVE		1.3 STREET						Į,
CITY-ST-ZIP	MIAMI FL 33187	T printe	1.4 C ¹ TY - 1	\$1 - Z(P			7.01	4.4.470	Š
TITLE	SD Arnaez, Arnaldo	☐ DELETE	2.1 TITLE			L	_] Change	■ Addition	
NAME APACET ADDRESS	AAAAA AMI APP AMP		2.2 NAME						1
STREET ADORESS CITY-ST-ZIP	MIAMI FL 33187		2.3 STREET ADDRESS 2. 4 CHY-SE-ZIP						}
TITLE			3.1 DILE	2:. 11		Г	Change	Addition	┨
NAME			3.2 NAME			_			
STREET ADDRESS			3 3 STREE	1 ADDRESS					
CITY-ST-ZIP			3.4 CITY-	ST-ZIP					ł
TITLE		DELETE	4.1 TILE				Change	Addition	
NAME			4. 2 NAME						Ì
STREET ADDRESS			4.3 STREE	I ADDRESS					
CITY-ST-ZIP			4.4 CITY - 3	\$1- <i>2</i> (P			٦	1 4 1 100	1
TITLE		☐ DELETE	5.1 TITLE			L	_] Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET 5.4 CMY-1	F ADDRESS					-
CITY-ST-ZIP TITLE				51-111			Change	Addition	┨
NAME		Land Service	6.2 NAME			_	_ vgv		
STREET ADDRESS				T ADDRESS					}
CITY-ST-ZIP			6.4 CITY - SY - 7IP						
44			() (b		2 i- C1 - 110 07/0V/) [111-C-11-C-11-				-1

I do hereby certify that the information supplied with this filling 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 eath; 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.