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Apr 21 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 # L42485 (7)
1. Corporation Name
CERAMIC PELICAN, INC.

Principal Place of Business

Mailing Address

~~678 N. KROME AVE
KROME PLAZA
HOMESTEAD FL 33033
US~~

~~678 N. KROME AVE
KROME PLAZA
HOMESTEAD FL 33033
US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 28911 S.D. Highway

Suite, Apt. #, etc.

22

City & State

23 Homestead FL

Zip

24 33033

Country

25 USA

9. Name and Address of Current Registered Agent

CARTER, SAM A.
9370 SUNSET DR
STE A-255
MIAMI FL 33173

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, typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FLORIDA CITY FL

35050 SW 213 AVE.

NAME

STREET ADDRESS

CITY-ST-ZIP

FLORIDA CITY FL

35050 SW 213 AVE.

NAME

STREET ADDRESS

CITY-ST-ZIP

FLORIDA CITY FL

35050 SW 213 AVE.

NAME

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FLORIDA CITY FL

35050 SW 213 AVE.

NAME

STREET ADDRESS

CITY-ST-ZIP

FLORIDA CITY FL

35050 SW 213 AVE.

NAME

STREET ADDRESS

CITY-ST-ZIP

FLORIDA CITY FL

35050 SW 213 AVE.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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

SIGNATURE

SIGNATURE

SIGNATURE

CR2E034 (10/97)