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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006712

1. Corporation Name

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90157 023 ***150.00

U.S.A. CERAIVICS IVIEG., CORP.				
Principal Place of Business Mailing Address				I 1891/501 HO 1914; 1984; 1984) OBLIT GOLIS BOLIS BOLIS ORISE 1895; Note 1887
4335 EAST 10 AVENUE 4335 EAST 10 AVENUE				• •
HIALEAH FL 33013 HIALEAH FL 33013				DO NOT WRITE IN THIS SPACE
				Date Incorporated or Qualifed 01/23/1997
9 Deinging P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 432		26 4325 6	10 Ave.	65-0728328 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
27 City & State City/& State		-/····		
City & State City & State 28 / 11 Alush, F			=/A:	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 3 30	Country Adv	Zip 330/3 3	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes X No
	9. Name and Address of Current			10. Name and Address of New Registered Agent
81 Name				
AMORE, JORGE			82 Stree(Ad	Idress (P.O. Box Number is Not Acceptable)
4335 E 10 AVE			7736	25 EASA 10 AU
HIALEAH FL 33013			83	
			84 City	olish FL 85 Zip Gode 330/3
### COT OFFICE AND Elevider Statutes the choice comed correct				
11. Pursuant to the previsions 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				
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable. (NOTE: F	tegistered Agent signature requ	pired when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE	Change Addition
NAME	AMORE, JORGE		1.2 NAME	1225 8 10 AND
STREET ADDRESS	1		1.3 STREET ADDRESS	4325 E 10 AVE Hrohenh, Fla 33013
CITY-ST-ZIP_	HIALEAH FL 33013		1.4 CITY-ST-ZIP	ATOMENT, PIN 33
TITLE	VD	☐ DELETE	2.1 TITLE	Change ☐ Addition
NAME	HERNANDEZ, TANIA		2.2 NAME	11 - 5 10 Ave
STREET ADDRESS			2.3 STREET ADORESS	4325 E 16/4 33013
CITY-ST-ZIP	HIALEAH FL 33010		2.4 CITY+ST-ZIP	731 20 20 1
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	a ali il i	الد المتحمل التي ريا الي الد الد الد	3.2 NAME	و المحالات المحالات الأن المحالية المحا
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. C/TY-ST-Z/P 4.1 TITLE	☐ Change ☐ Addition
TITLE				
NAME STREET ADDRESS	·		4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP	1		4.4 CITY-ST-ZIP	
TITLE	:	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	·
STREET ADDRESS	The was a first		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u>_</u>
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	,		6.2 NAME	
l	l		6.3 STREET ADDRESS	

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 of the corporation of the corporation of 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 of the corporation of the corporatio

6.4 CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR