

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

FILED
Mar 16 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 # P97000009457 (7)

1. Corporation Name
CLAYCOR, INC.

Principal Place of Business

~~11296 SW 159 PL.~~
~~MIAMI FL 33196~~

Mailing Address

~~11296 SW 159 PL.~~
~~MIAMI FL 33196~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1997

4. FEI Number

65-0721955

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 7370 N.W. 36 ST

Suite, Apt. #, etc.

22 210-A

City & State

23 MIAMI FL

Zip

24 33166

Country

25 U.S.

2a. Mailing Address

26 7370 N.W. 36 ST

Suite, Apt. #, etc.

27 210A

City & State

28 MIAMI FL

Zip

29 33166

Country

30 US

9. Name and Address of Current Registered Agent

CORREAL, JOSE L
11296 SW 159 PL.
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CORREAL, JOSE L
STREET ADDRESS 11296 SW 159 PL.
CITY-ST-ZIP MIAMI FL 33196 ☐ DELETE

TITLE ~~VP~~
NAME ~~CLAVJO, CESAR A~~
STREET ADDRESS ~~11296 SW 159 PL.~~
CITY-ST-ZIP ~~MIAMI FL 33196~~ ☒ DELETE

TITLE ~~SD~~
NAME ~~CLAVJO, ELGA PATRICIA~~
STREET ADDRESS ~~11296 SW 159 PL.~~
CITY-ST-ZIP ~~MIAMI FL 33196~~ ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME MAZUTIS JERZY
4.3 STREET ADDRESS 7370 N.W. 36 ST #210-A
4.4 CITY-ST-ZIP MIAMI FL 33166

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME HENAO IVAN
5.3 STREET ADDRESS 7370 N.W. 36 ST #210-A
5.4 CITY-ST-ZIP MIAMI FLORIDA 33166

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME SANNIGUEL TITO
6.3 STREET ADDRESS 7370 N.W. 36 ST #210A
6.4 CITY-ST-ZIP MIAMI FL 33166

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:

JOSE L. CORREAL

1-20-98 (305) 383-0054

CR2E034 (10/97)