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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000044276 (8)**

1. Corporation Name
PORCELANOSA FLORIDA CORPORATION

Principal Place of Business	Mailing Address
C/O 338 MINORCA AVE. CORAL GABLES FL 33134	C/O 338 MINORCA AVE. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0780648	☐ Applied For ☐ Not Applicable
21 8700 NW 13 TERRACE.	26 8700 NW 13 TERRACE.		
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23 MIAMI - FLORIDA	City & State 28 MIAMI - FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33172 / 25 DADE	Zip / Country 29 33172 / 30 DADE.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
QUINTANA, J. LUIS 338 MINORCA AVE. CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	~~QUINTANA, J. LUIS~~		1.2 NAME	JOSE SORIANO RAMOS.	
STREET ADDRESS	~~338 MINORCA AVE.~~		1.3 STREET ADDRESS	CTRA. N-340 KM. 56.2	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~		1.4 CITY-ST-ZIP	CASTELLON - VILLARREAL - SPAIN	
TITLE		☐ DELETE	2.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME			2.2 NAME	MARIA JOSE SORIANO NAVARRET	
STREET ADDRESS			2.3 STREET ADDRESS	CTRA. N-340 KM. 56.2	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	VILLARREAL - CASTELLON - SPAIN	
TITLE		☐ DELETE	3.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			3.2 NAME	HECTOR COLONQUES MORENO	
STREET ADDRESS			3.3 STREET ADDRESS	CTRA N-340 KM 56.2	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	VILLAREAL - CASTELLON - SPAIN	
TITLE		☐ DELETE	4.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			4.2 NAME	JUAN FRANCISCO RAMOS USO	
STREET ADDRESS			4.3 STREET ADDRESS	CTRA N-340 - KM 56.2	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	VILLARREAL - CASTELLON - SPAIN	
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E024 (10/97)

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: JUAN FRANCISCO RAMOS VICE PRESIDENT 03/10/98 (305) 715-7153.