

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 23 1998 8:00am
Secretary of State

DOCUMENT # P97000049113 (8)

1. Corporation Name

PORCELANICRON DE FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 12488 SW 8TH ST MIAMI FL 33184		Mailing Address 12488 SW 8TH ST MIAMI FL 33184	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LOPEZ, ELSA MARIA 12488 SW 8TH ST MIAMI FL 33184		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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LOPEZ, ELSA MARIA	1.2 NAME	
STREET ADDRESS	2421 SW 124TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33175	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	QUIROGA, LUIS A	2.2 NAME	
STREET ADDRESS	2421 SW 124TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33175	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	
NAME	LOPEZ, ELSA MARIA	3.2 NAME	
STREET ADDRESS	2421 SW 124TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33175	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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]* **DEED REQUIRED**

1-13 98

305-2282544

CR2E034 (10/97)