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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700063635 (1)

FILED Mar 04 1998 8:00am Secretary of State

1. Corporatio	SA FAUCETS U.S.A., INC.	(1	,	1 10 1 10 1 10 10 10 10 10 10 10 10 10 1	
Principal Plac	no of Rusinase	Mailing Address		{            {	TITY ARILE BLIRG BILLIN BLIRGE LINEL BLIR AREI
Principal Place of Business Mailing Address  11802 NW 12TH DRIVE 11802 NW 12TH DRIVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071				DO NOT WRITE	IN THIS SPACE
					IN THIS STACE
			· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualified 07/23/1997	
	Place of Business	2a. Mailing Address	NW 41 11	4. FEI Number	Applied For
<u> </u>	·	20 7300	700 77 17	1 00 0 10 7 V 2	Not Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City State	FP	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33/	Country	Zip 33166	Country 30	8. This corporation owes or has pai Personal Property Tax due June	
	g, Name and Address of Currer		11	10. Name and Address of New Reg	
TORT SANTOS, MIGUEL 81 Name					
11802 NW 12TH DRIVE CORAL SPRINGS FL 33071			82 Street Add	dress (P.O. Box Number is Not Acceptable	Θ)
			64 City		85 Zip Code
					FL (" )
11. Pursuant office or r agent. I s	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligi	2 and 607.1508, Florida Statu of Florida Such change was ations of Section 607.0505, Fl	tes, the above-named con authorized by the corpora orida Statutes.	rporation submits this statement for the plation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agr		TE: Registered Agent signature requ		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	•		1.1 TITLE		Li Change Li Addition
NAME TORT SANTSO, MIGUEL STREET ADDRESS LAUREA MIRO, 321 / 08980 SANT FELIU DE-			1.2 NAME		
STREET ADDRESS	LI OPPECAT PAROCEI CALL CRAIN		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
	LLULL OSSO, ANTONIO	- Pettir	2.2 NAME		
NAME STREET ADORESS	LAUREA MIRO, 321 / 08980	SANT FEILL NE	2.3 STREET ADDRESS		ļ
	LLOBREGAT, BARCELONA		-		
CITY-ST-ZIP TITLE	LOURILONI, DANOELONA	DELETE DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	/ 0	Change Addition
NAME		hand procest		UNN QUELLA	
STREET ADDRESS			3.3 STREET ADDRESS 1	van querra 1802 Now 12 Dr	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		33071-503Y
TITLE		DELETE	4.1 TITLE	21-10 211-11-11	Change Addition
NAME			4 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		<u> </u>
CITY-ST-ZIP			4.4 City-ST-ZIP		•
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		<u> </u>	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		į
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
UI EN	L., ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

4. 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 trustose 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 a statistic manner and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustose manner of the corporation of

SIGNATURE:

- E interfer

12/21/18

1/305)436-0814