


2025-05-09

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90149 046 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000050928</b> 1. Corporation Name <b>G &amp; P CERAMICS, INC.</b>			
Principal Place of Business <b>7904 RAMONA STREET</b> <b>MIRAMAR FL 33023</b>		Mailing Address <b>7904 RAMONA STREET</b> <b>MIRAMAR FL 33023</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date incorporated or Qualified <b>06/04/1998</b>		4. FEI Number <b>65-0869233</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 / Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>GOTTLOB, BRUCE</b> <b>125 NORTH 46 AVENUE</b> <b>HOLLYWOOD FL 33021</b>	
9. Name and Address of New Registered Agent <b>ROBERTO F. RIVAS</b> <b>7904 RAMONA STREET</b> <b>MIRAMAR FL 33023</b>		10. Name and Address of New Registered Agent <b>ROBERTO F. RIVAS</b> <b>7904 RAMONA STREET</b> <b>MIRAMAR FL 33023</b>	
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. <b>Robert F. Rivas May 1/99</b> SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>PATRICIA G. HERLIHY</b> 1.3 STREET ADDRESS <b>7904 Ramona St</b> 1.4 CITY-ST-ZIP <b>MIRAMAR, FL 33023</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

954-961-1620

Daytime Phone #

CR2E034 (1/198)