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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000090965**1. Corporation Name

CERAMICAS BABILONIA, CORP.

Principal Place of Business	Mailing Address
593 OAKBRANCH CIRCLE	593 OAKBRANCH CIRCLE

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90099 035 ***150.00



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Principal Place	of Business	М	alling Address				- [
-			593 OAKBRANCH CIRCLE POINCIANA FL 34758				DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified 10/26/1998				
2. Principal Pl	ace of Business	2a 26	Mailing Address			-		4. FEI Number		XX		ed For Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Ad Requ	ditional uired
City & State)	28	City & State					6. Election Campaign Financing Trust Fund Contribution			00 M ed to	ay Be Fees
Zip	Country		Zip	Соц	ntry	,		8. This corporation owes the curr	ent year Inte	angible	3.5	
4	25	29	30					Personal Property Tax.		☐ Yes	Æ	∯No
	9. Name and Address of Current	Regi	stered Agent					10. Name and Address of New	Registered A	Agent		
JAIM	ES, LAURENTINO				81 82			E A. ORTIZ	abla)			
593	OAKBRANCH CIRCLE				82	Street Ag	593	s (P.O. Box Number is Not Accept OAKBRANCH CIRC	LE			
POIN	ICIANA FL 34758				83	•						
					84			NCIANA	FL			758
11. Pursuant office or reagent. Las	to the provisions of Sections 607.0502 egistered agent, or both; in the State of marking with and accept the obligation	and 6 Flori ne of	da, Such change was auth f, Section 607.0505, Florida JOS	Statu E	ites.	ORTI	ration s IZ	s board of directors. I hereby acce	27/99	changing ntment as	its regi:	egistered stered
	Signalbre, typed or printed name of registered agent a				Agen	t signature requ	uired wh	nen reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIGE	TÖB	C IN 12
12.	OFFICERS AND	DIR		13.			D	ADDITIONS/CHANGES TO OF		XXChan		Addition
ΠTLE	PD		DELETE	1.1 70			_	IMES, LAURENTIN		- t-t-ciaii	ye	L] Addition
NAME	JAIMES, LAURENTINO			1.2 NA				3 OAKBRANCH CIF				Ì
STREET ADDRESS CITY-ST-ZIP	593 OAKBRANCH CIRCLE POINCIANA FL 34758			1.3 ST		ADORESS 1-ZIP		INCIANA, FL 347				
TITLE	VPS		☐ DELETE	2.1 TI	LE		D			Chan	ge	☐ Addition
NAME	CONTRERAS BERRIOS , ROCIO	DEL	VALLE	2.2 NA	ME		CO	NTRERAS BERRIOS	, ROC	IO D	EL	VALLE
STREET ADDRESS	593 OAKBRANCH CIRCLE			2.3 ST	REET	ADDRESS	59	3 OAKBRANCH CIF	CLE			
CITY-ST-ZIP	POINCIANA FL 34758			2. 4 CI	TY-S	T-ZIP	ΡO	INCIANA, FL 347	58			
TITLE			☐ DELETE	3.1 TI	LE.		PD			☐ Chan	ige .	XX Addition
NAME				3.2 NA	ME		JO	SE A. ORTIZ				l
STREET ADDRESS				3.3 ST	REET	ADORESS	59	3 OAKBRANCH CIF	CLE			
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP	PO	ICIANA, FL 3475	8			
TILE			☐ DELETE	4.1 TI	πE					Chan	ige	Addition
NAME				4. 2 N	AME	i						l
STREET ADDRESS				4.3 ST	REET	ADDRESS						ì
CITY-ST-ZIP				4.4 CI	ry-S1	T-ZIP						
TITLE			☐ DELETE	5.1 TI	ſŁΕ					☐ Chan	ıge	☐ Addition
NAME				5.2 NA	ME	-						į
STREET ADDRESS	•			5.3 ST	REET	ADDRESS						
CITY-ST-ZIP				5.4 CI	TY-51	T-ZIP		_				
TITLE			☐ DELETE	6.1 TI	ΠE		-			Chan	ige .	Addition
NAME				6.2 NA	ME	{						l
STREET ADDRESS				6.3 ST	REET	ADDRESS						ļ
CINECI ADDRESS				64 CI	TV-S1	T. 71P						ì

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, with all other like empowered.

SIGNATURE:

4/27/99

Daytime Phone #