

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90274 031 ***150.00

DOCUMENT #

1. Corporation Name

MADISON CERAMICHE USA CORPORATION

Principal Place of Business

Mailing Address

8110 NW 71ST
MIAMI - FLA 33166
US

8110 NW 71ST
MIAMI - FLA 33166
US.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/2/98

4. FEI Number

65-087887C

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JULIO CESAR BUENO
751 SE 7 PLACE
HIALEAH - FLA 33010

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	ENRICO MARTINELLI	<input checked="" type="checkbox"/> DELETE
NAME	PRESIDENT	
STREET ADDRESS	751 SE 7 PLACE	
CITY-ST-ZIP	HIALEAH - FLA 33010	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	SYFER QUICENO	
STREET ADDRESS	751 SE 7 PL	
CITY-ST-ZIP	HIALEAH - FLA 33010	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	FAUSTO BONENTE	
STREET ADDRESS	751 SE 7 PLACE	
CITY-ST-ZIP	HIALEAH - FLA 33010	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FAUSTO BONENTE	
1.3 STREET ADDRESS	8110 NW 71 ST	
1.4 CITY-ST-ZIP	MIAMI - FLA 33166	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SYFER QUICENO	
2.3 STREET ADDRESS	8110 NW 71 ST	
2.4 CITY-ST-ZIP	MIAMI - FLA 33166	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ENRICO MARTINELLI	
3.3 STREET ADDRESS	8110 NW 71 ST	
3.4 CITY-ST-ZIP	MIAMI - FLA 33166	
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 12 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

Date

Daytime Phone #

04/20/99 (305) 591 5292

CR2E034 (1/98)