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

①

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 AUG 30 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V37307

1. Corporation Name

Olga's Ceramics Corporation

Principal Place of Business
14734 S.W 56st
miami Fl 33185

Mailing Address
SAME.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/93

4. FEI Number
65-0393455

		Applied For
		Not Applicable

$8.75 Additional Fee Required

2. Principal Place of Business	2a. Mailing Address
21 14734 S.W 56st	26 Same
Suite, Apt #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 miami	28
Zip	Country	Zip	Country
24 33185	25 Dade	29	30

5. Certificate of Status Desired ☐

6. Election Campaign Financing ☐
Trust Fund Contribution
$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

Olga Sanchez
15765 SW 76 terra
miami Fl 33193.

10. Name and Address of New Registered Agent

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 *Olga Sanchez*
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE 8/20/99

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	☐ DELETE	1.1 TITLE	☐Change ☐Addition	
NAME Olga Sanchez		1.2 NAME	600002977546---1	
STREET ADDRESS 14734 S.W 56 st miami Fl 33185.		1.3 STREET ADDRESS	-09/02/99--01090--017	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	****150.00 ****150.00	
TITLE Vice President	☐ DELETE	2.1 TITLE	☐Change ☐Addition	
NAME Roberto Sanchez		2.2 NAME		
STREET ADDRESS 14734 S.W 56 st miami Fl 33185		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐Change ☐Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐Change ☐Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐Change ☐Addition	
NAME		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		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

8/31/99

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: *Olga Sanchez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 8/20/99
Daytime Phone # 387-9311

I sent the check
on time, but
was lost in
the mail.
I said, they
said send the
check with this
note. Thank you
Sever