PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 518182

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90059 042 ***150.00

	PLASTICS, INC.				•					
Principal Plac	e of Business	Mailing A	ddress				1	II ai ai ai ai ai ai ai ai		. I D
775 NW 71ST	12:12:11:1	•								
MIAMI FL 3315		7/3 NW / ≸ MIAMI FL	1ST STREET 33150							
			40.00				DO NOT WRITE	IN THIS SPA	CE	
			-				3. Date Incorporated or Qualifed	*	•	
							11/09/1976			
2. Principal P	Place of Business	2a. Mailin	ng Address			•	4. FEI Number		App	plied For
21		26					59-1726469		Not	t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			•	5. Certificate of Status Desired [3.75 A Fee Re	Additional quired
City & Stat	te		& State			:	6. Election Campaign Financing	N		May Be
23		28		, -	~ -	rina e e ter.	Trust Fund Contribution		Added to	
Zip	Country	Zip	•	Cou	intry		8. This corporation owes the current	· -		_ :
24	25	29		30			Personal Property Tax.	Y		□No
	9. Name and Address of Current	Registered /	Agent		04	NI	10. Name and Address of New Reg	istered Agen	1 .	
ECIN	ISTEIN,FRED				81	Name				,
\$161 420	SUNRISE PROFESSIONAL BLDG.				82	Street Addre	ess (P.O. Box Number is Not Acceptable	9)		
915 MIDDLE RIVER DR.				83			9750.31	11 11 11 1	31 12 31	
FT. I	Lauderdale fl 33304							學問題的	11 5 11 2	51 51 16
			•		84	City	- 1 A C C C C C C C C C C C C C C C C C C	FL 85	Zip C	ode *****
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.150	8, Florida Statut	es, the a	bove-	-named corpo	oration submits this statement for the pu	rpose of chan	ging its	registered
office or r agent. I a	registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Suc ions of, Sectio	h change was a on 607.0505, Flo	uthorized rida Stati	l by ti utes.	the corporatio	n's board of directors. I hereby accept the	ne appointmer	nt as reg	jistered
SIGNATURE										!
40	Signature, typed or printed name of registered agent	and title if applicab								
12.				_	Agent	signature required	when reinstating) 1/4/4/4/1005 TO OFFIC	DATE AND DU	PECTO	3C IN 12
		DIRECTOR	S	13.		signature required	ADDITIONS/CHANGES TO OFFIC	ERS AND DI		
	P			13.	TLE	signature required		ERS AND DI	RECTO	RS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE: