

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 08 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morton
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000003776 (8)

1. Corporation Name
 U.S. POLYMERS, INC.



Principal Place of Business: 6915 E. SLAUSON AVE. COMMERCE CA 90040
 Mailing Address: 6915 E. SLAUSON AVE. COMMERCE CA 90040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/21/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	95-3880110	
24	Country	29	Country	5. Certificate of Status Desired	
		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

VALDES, JUAN
 8017 NW 64TH ST.
 MEDLEY FL 33186

1	Name
2	Street Address (P.O. Box Number is Not Acceptable)
3	City
4	State
5	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 _____ (NOTE: Registered signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSH OHANESIAN, HAROUT	1.1 TITLE	VD VIKEN OHANESIAN
NAME	OHANESIAN, HAROUT	1.2 NAME	VIKEN OHANESIAN
STREET ADDRESS	9 TATTERSALL	1.3 STREET ADDRESS	4106 PACIFIC CREST
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	1.4 CITY	LAGUNA NIGUEL CA 92677
TITLE	DC OHANESIAN, HAROUT	2.1 TITLE	ST HAIGAN OHANESIAN
NAME	OHANESIAN, HAROUT	2.2 NAME	HAIGAN OHANESIAN
STREET ADDRESS	9 TATTERSALL	2.3 STREET ADDRESS	9 TATTERSALL
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	2.4 CITY	LAGUNA NIGUEL CA 92677
TITLE	VS OHANESIAN, JACQUES	3.1 TITLE	
NAME	OHANESIAN, JACQUES	3.2 NAME	
STREET ADDRESS	7 WILDFLOWER	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	3.4 CITY-ZIP	
TITLE	DE V DWEIK, AMJAD	4.1 TITLE	
NAME	DWEIK, AMJAD	4.2 NAME	
STREET ADDRESS	PO BOX 6032	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHARJAH U A E	4.4 CITY-ZIP	
TITLE	VB NAZARIAN, HENRY	5.1 TITLE	
NAME	NAZARIAN, HENRY	5.2 NAME	
STREET ADDRESS	67 E. TORE MOLINOS	5.3 STREET ADDRESS	
CITY-ST-ZIP	RANCHO MIRAGE CA 92270	5.4 CITY-ZIP	
TITLE	VD TAPAKOUDIS, VASSOS	6.1 TITLE	
NAME	TAPAKOUDIS, VASSOS	6.2 NAME	
STREET ADDRESS	111 AVE CANNING ST LORDOSCENRAL CT #1 2FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAKARIOS	6.4 CITY-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 at 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 file 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.

SIGNATURE _____ DATE 6/30/98

CR2E034 (5/98)