

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

FILED
Sep 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 07/21/1997	4. FEI Number 95-3880110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
VALDES, JUAN
8017 NW 64TH ST.
MEOLEY FL 33166

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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 Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P OHANESIAN, HAROUT <input type="checkbox"/> DELETE	1.1 TITLE	MVD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHANESIAN, HAROUT	1.2 NAME	VIKEN OHANESIAN
STREET ADDRESS	9 TATTERSALL	1.3 STREET ADDRESS	26 PACIFIC CREST
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	1.4 CITY-ST-ZIP	LAGUNA NIGUEL CA 92677
TITLE	P'S OHANESIAN, HAIGAN <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHANESIAN, HAIGAN	2.2 NAME	
STREET ADDRESS	9 TATTERSALL	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	2.4 CITY-ST-ZIP	
TITLE	VD OHANESIAN, JACQUES <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHANESIAN, JACQUES	3.2 NAME	
STREET ADDRESS	7 WILDFLOWER	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	3.4 CITY-ST-ZIP	
TITLE	VD OWEIK, AMJAD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEIK, AMJAD	4.2 NAME	
STREET ADDRESS	PO BOX 6032	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHARJAH U A E	4.4 CITY-ST-ZIP	
TITLE	VD NAZARIAN, HENRY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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-ST-ZIP	
TITLE	VD TAPAKOUCDES, VASSOS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPAKOUCDES, 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-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.

CP2E034 (10/97)