

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90094 012 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F97000003776**

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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

3. Date Incorporated or Qualified  
**07/21/1997**

4. FEI Number  
**95-3880110**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election: Campaign Financing  **\$5.00** May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**VALDES, JUAN  
 8017 NW 64TH ST.  
 MEDLEY 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  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	OHANESIAN, VIKEN	
STREET ADDRESS	#26 PACIFIC CREST	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	OHANESIAN, HAIGAN	
STREET ADDRESS	#9 TATTERSALL	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OHANESIAN, JACQUES	
STREET ADDRESS	7 WILDFLOWER	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DWEIK, AMJAD	
STREET ADDRESS	PO BOX 6032	
CITY-ST-ZIP	SHARJAH U A E	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NAZARIAN, HENRY	
STREET ADDRESS	67 E. TORE MOLINOS	
CITY-ST-ZIP	RANCHO MIRAGE CA 92270	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TAPAKOUES, VASSOS	
STREET ADDRESS	111 AVE CANNING ST LORDOSCENRAL CT #1 2FL	
CITY-ST-ZIP	MAKARIOS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 REQUIRED** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **4/7/99**  
 Daytime Phone #: **303-7283003**

CR2E034 (11/98)