

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000072626 (2)

1. Corporation Name

POLYFLEX FILMS COMPANY

Principal Place of Business

Mailing Address

343 ALMERIA AVENUE
CORAL GABLES FL 33134

9108 HAWTHORNE DRIVE
HICKORY HILLS IL 60457

2. Principal Place of Business

2a. Mailing Address

21 7753 N.W. 53rd St.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Miami, FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 33166

25 U.S.A.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

3a. Date of Last Report

10/04/1994

05/01/1995

4. FEI Number

Applied For

65-0523697

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

XXXXXXXXXXXXXXXXXXXX

82 Street Address (P.O. Box Number is Not Acceptable)

XXXXXXXXXXXXXXXXXXXX

83

84 City

Miami

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 s. 607.0505, Florida Statutes.

SIGNATURE: Amerilawyer Chartered
by: Vice-President Natalia Utrera

9/7/1996

12. OFFICERS AND DIRECTORS

TITLE	P	☐	DELETE
NAME	TJONG, HERWANTO		
STREET ADDRESS	343 ALMERIA AVENUE		
CITY - ST - ZIP	CORAL GABLES FL 33134		
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change ☐ Addition ☐
12 NAME	800001546868
13 STREET ADDRESS	-09/13/96--01028--001
14 CITY - ST - ZIP	****225.00 ****225.00
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HERWANTO TJONG / PRESIDENT

7/29/96

305-470-8289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)