

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000058635 (8)
 1. Corporation Name
QUEEN'S PLASTICS MACHINERY USA, INC.



Principal Place of Business 8107 N.W. 29TH ST. MIAMI FL 33122	Mailing Address 8107 N.W. 29TH ST. MIAMI FL 33122
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

3. Date Incorporated or Qualified 07/03/1997
4. FEI Number 95-4587815
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

PRICE, JOHN M
8107 N.W. 29TH ST.
MIAMI FL 33122

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 607.0102 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	D <input type="checkbox"/> DELETE
NAME	PRICE, JOHN M
STREET ADDRESS	8107 N.W. 29TH ST.
CITY-ST-ZIP	MIAMI FL 33122
TITLE	D <input type="checkbox"/> DELETE
NAME	MATOS, RAUL F
STREET ADDRESS	8107 N.W. 29TH ST.
CITY-ST-ZIP	MIAMI FL 33122
TITLE	D <input type="checkbox"/> DELETE
NAME	TA, KO MING
STREET ADDRESS	2/FL. NO.30 MING TSU EAST RD.
CITY-ST-ZIP	TAIPEI, TAIWAN
TITLE	D <input type="checkbox"/> DELETE
NAME	KWOK, KWAN TING
STREET ADDRESS	G/F BLK 2, TIEN CHU CENTRE, 1 E MOK CHEONG
CITY-ST-ZIP	KOWLOON, HONG KONG
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME
13 STREET ADDRESS
14 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 on an attachment with an address.

SIGNATURE: _____ **4/20/98 305-436-5778**

CR2E034 (10/97)