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Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90018 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000058635

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1111 BRICKELL BAY DRIVE Suite, Apt. #, etc. 22 SUITE 512 City & State 23 MIAMI FL Zip Country 24 33131 25 USA		2a. Mailing Address 26 1111 BRICKELL BAY DRIVE Suite, Apt. #, etc. 27 SUITE 512 City & State 28 MIAMI FL Zip Country 29 33131 30 USA		3. Date Incorporated or Qualified 07/03/1997	
		4. FEI Number 95-4587815		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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 PRICE JOHN M 82 Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL BAY DRIVE, SUITE 512 83 84 City MIAMI FL 85 Zip Code 33131			
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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 JOHN M PRICE DATE 4/20/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, JOHN M		1.2 NAME		
STREET ADDRESS	8107 N.W. 29TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>MATOS, RAUL F</del>		2.2 NAME		
STREET ADDRESS	<del>8107 N.W. 29TH ST.</del>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<del>MIAMI FL 33122</del>		2.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TA, KO MING		3.2 NAME		
STREET ADDRESS	2/FL. NO.30 MING TSU EAST RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAIPEI, TAIWAN		3.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KWOK, KWAN TING		4.2 NAME		
STREET ADDRESS	G/F BLK 2, TIEN CHU CENTRE, 1 E MOK CHEONG		4.3 STREET ADDRESS		
CITY-ST-ZIP	KOWLOON, HONG KONG		4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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] DATE 4/20/99 DAYTIME PHONE # 305-533-1051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)