

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 07/31/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 MAY 27 AM 10:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 830982
 Corporation Name

DIPLAST, S.A.

Principal Place of Business Mailing Address
 7700 N.W. 73 RD CT.
 MEDLEY, FL. 33166

REINSTATEMENT 90-97

3. Date Incorporated or Qualified 10/03/73		3a. Date of Last Report 04/30/96.	
4. Tax Number 52-1036277		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GASTON MACAU 7700 N.W. 73 RD CT. MEDLEY, FL. 33166				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 500002200335 -06/03/97--01105--001			
				84 City ***923, FL ***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 Gaston Macau DATE 01/28/97.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS				13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS			
TITLE	DP IDA VALDES	<input type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR, PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IDA VALDES			1.2 NAME	IDA VALDES		
STREET ADDRESS	7700 N.W. 73 RD CT.			1.3 STREET ADDRESS	7700 N.W. 73 RD CT.		
CITY-ST-ZIP	MEDLEY, FL 33166			1.4 CITY-ST-ZIP	MEDLEY, FL 33166		
TITLE	DS GUILLERMO SANCHEZ	<input type="checkbox"/> DELETE		2.1 TITLE	DIRECTOR - SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUILLERMO SANCHEZ			2.2 NAME	GUILLERMO SANCHEZ		
STREET ADDRESS	SAME ADDRESS			2.3 STREET ADDRESS	7700 N.W. 73 RD CT.		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	MEDLEY, FL 33166		
TITLE	DV GASTON MACAU	<input type="checkbox"/> DELETE		3.1 TITLE	DIRECTOR - V. PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GASTON MACAU			3.2 NAME	GASTON MACAU		
STREET ADDRESS	SAME ADDRESS			3.3 STREET ADDRESS	7700 N.W. 73 RD CT.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	MEDLEY, FL 33166		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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			

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.

Gaston Macau, GASTON MACAU 01/28/97 (305) 863-0541

CORP. REVENUE (306)