

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

FILED

98 JUL 28 AM 7:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # F96000000369 (6)

1. Corporation Name
 FORMERICA CONSOLIDATION SERVICE, INC.

Principal Place of Business Mailing Address
 156-15 146TH AVE., RM. 118 156-15 146TH AVE., RM. 118
 JAMAICA NY 11434 JAMAICA NY 11434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country Zip 29 Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report
 01/22/1996
 4. FEI Number Applied For
 11-3068759 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 CHIU, PETER C
 9270 N.W. 100 STREET, STE 108
 MEDLEY FL 33178

10. Name and Address of New Registered Agent
 81 Name CHIU, PETER C.
 82 Street Address (P.O. Box Number is Not Acceptable) 7370 N.W. 36 STREET, UNIT#220-H
 83
 84 City MIAMI FL 85 Zip Code 33166

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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* DATE April 17, 1998
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	POD	<input type="checkbox"/> DELETE
NAME	CHIU, PETER C	
STREET ADDRESS	100 W. MERRICK RD., APT 4E	
CITY-ST-ZIP	FREEPORT NY	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	DOMINSKY, HELENE	
STREET ADDRESS	807 SUMMERSET COURT	
CITY-ST-ZIP	RAMSEY NJ	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEY, AMI K	
STREET ADDRESS	5 BOBRO AVE	
CITY-ST-ZIP	VALLEY STREAM NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000002604650--8
1.4 CITY-ST-ZIP	-07/31/98--01100--007
2.1 TITLE	***900.00
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	

REINSTATEMENT 9/7/98
 T.S. 7/30

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE *[Signature]* PETER C. CHIU APR. 17, 1998

CR2E034 (4/97)