

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F97000003776 (8)**

1. Corporation Name
U.S. POLYMERS, INC.

Principal Place of Business
**6915 E. SLAUSON AVE.
COMMERCE CA 90040**

Mailing Address
**6915 E. SLAUSON AVE.
COMMERCE CA 90040**

FILED
Jul 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip City

29 30

3. Date Incorporated or Qualified

07/21/1997

4. FEI Number

95-3880110

Applied For

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

**VALDES, JUAN
8017 NW 64TH ST.
MEDLEY FL 33186**

10. Name and Address of New Registered Agent

1 Name

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

City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **POB**
NAME **OHANESIAN, HAROUT**
STREET ADDRESS **9 TATTERSALL**
CITY-STATE-ZIP **LAGUNA NIGUEL CA 92677**

☐ DELETE

TITLE **DC**
NAME **OHANESIAN, HAROUT**
STREET ADDRESS **9 TATTERSALL**
CITY-STATE-ZIP **LAGUNA NIGUEL CA 92677**

☐ DELETE

TITLE **VS**
NAME **OHANESIAN, JACQUES**
STREET ADDRESS **7 WILDFLOWER**
CITY-STATE-ZIP **LAGUNA NIGUEL CA 92677**

☐ DELETE

TITLE **DEV**
NAME **DWEIK, AMJAD**
STREET ADDRESS **PO BOX 6032**
CITY-STATE-ZIP **SHARJAH U A E**

☐ DELETE

TITLE **VB**
NAME **NAZARIAN, HENRY**
STREET ADDRESS **67 E. TORE MOLINOS**
CITY-STATE-ZIP **RANCHO MIRAGE CA 92270**

☐ DELETE

TITLE **VB**
NAME **TAPAKOUDIS, VASSOS**
STREET ADDRESS **111 AVE CANNING ST LORDOSCENRAL CT #1 2FL**
CITY-STATE-ZIP **MAKARIOS**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD**
1.2 NAME **VIKEN OHANESIAN**
1.3 STREET ADDRESS **4106 PACIFIC CREST**
1.4 CITY **LAGUNA NIGUEL CA 92677**

☐ Change ☐ Addition

2.1 TITLE **ST**
2.2 NAME **HAIGAN OHANESIAN**
2.3 STREET ADDRESS **4106 PACIFIC CREST**
2.4 CITY **LAGUNA NIGUEL CA 92677**

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 NAME
4.2 STREET ADDRESS
4.3 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 at 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 file 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.

CR2E034 (5/98)

6/30/98 0137283023