

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90094 012 ***150.00

DOCUMENT # F97000003776

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**

DO NOT WRITE IN THIS SPACE

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 ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**VALDES, JUAN
8017 NW 64TH ST.
MEDLEY FL 33166**

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 607.0502 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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **OHANESIAN, VIKEN**
STREET ADDRESS **#26 PACIFIC CREST**
CITY-ST-ZIP **LAGUNA NIGUEL CA 92677**

TITLE **ST** ☐ DELETE
NAME **OHANESIAN, HAIGAN**
STREET ADDRESS **#9 TATTERSALL**
CITY-ST-ZIP **LAGUNA NIGUEL CA 92677**

TITLE **VD** ☐ DELETE
NAME **OHANESIAN, JACQUES**
STREET ADDRESS **7 WILDFLOWER**
CITY-ST-ZIP **LAGUNA NIGUEL CA 92677**

TITLE **V** ☐ DELETE
NAME **DWEIK, AMJAD**
STREET ADDRESS **PO BOX 6032**
CITY-ST-ZIP **SHARJAH U A E**

TITLE **V** ☐ DELETE
NAME **NAZARIAN, HENRY**
STREET ADDRESS **67 E. TORE MOLINOS**
CITY-ST-ZIP **RANCHO MIRAGE CA 92270**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

303-7283003

Daytime Phone #

CR2E034 (11/98)