SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT COMPORATION VANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF COMPORATIONS

DOCUMENT # G99437

(7)

PLASTIRAMA INTERNATIONAL CORPORATION

Erincipa' Piace o	of Busmess	Mailing Address				
C/O FRANCISCO LAMADRID 7551 N.W. 70TH STREET MIAMI FL 33166		C/O FRANCISCO LAMADRID 7551 N.W. 70TH STREET MIAMI FL 33166		Date Incorporated or Qualified 03/08/1984	3a. Date of Last Report 08/10/1995	
2. Phropal Pla	ce of Business	2a. Mailing Address			4, FEI Number	Applied For Not Applicable
21 26 Cuito Apt #		Suite, Apt #, etc	alo		59-2406245	\$8.75 Additional
Soite, Apt. #.	, etc.	27 Suite, Apr #, etc	,		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip D	Country	Z)p	Country 30		8. This corporation has liability for in Florida Statutes	Yes No
24	25] 9. Name and Address of Cur		1301		10. Name and Address of New Reg	Islered Agent
RAI	DOR, JORGE		81	Name		
	O WEST 3 AVE		82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)
	LEAH FL 33014		63	ļ.,		
			[53			
			84	City		FL 85 Zip Code
office or reg agent flam	gistered agent, or both, in the St Hamiliar with, and accept the ob- ity into a system of control sect of registered	ate of Fibrida Such Change volligations of, Section 607.050	vas authorized by 5, Florida Statutes (NOTE: Registered Agi		oration submits this statement for the pu ion's board of directors. I hereby accept ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIRECTORS IN 12
1644	PD	DEFEL	E 11TITLE			Change Addition
NAME	BALDOR, JORGE		1.2 NAME			
STREET ADDRESS	7300 WEST 3 AVE.			ADDRESS		
City-St 20P	HIALEAH FL VP	DELET	1.4 CHY - 2.1 TITLE	31-215		Change Additio
Title NAME	BALDOR, ALICIA	L	2.2 NAME			
STREET ANDRESS	7300 W. 3RD. AVE.		2.3 STREE	ADDRESS		
00Y-S1-7/2	HIALEAH FL		2.4 CITY-	\$1-ZIP	2000014	36-010720 DOE^do to
ld(f		L_J OELEI		j	-10/17/	'960H0Y2#-00E''''
HAME			3.2 NAME	1 ADDRESS	非 斯斯特提出	5.00 ****225.00
STREET ADDRESS			3.4. CITY -			
CHY+ST-2IP THIE		DELE		<u> </u>		Change Additio
VVA.		g. many	4 2 NAME			
STREET ADDRESS		•	43 STREE	T ADDRESS		
Otr-St-M			44 Cily-	ST-ZIP		Change Additio
1010		[_] DEFE				Change Runne
NAM:			5.2 NAME			
SUPPLIADORESS				1 ADDRESS		
01.Y-\$1-702		DELE	5.4 CITY- TE 6.1 THLE	51· (H)		Change Additio
10.5		LJ 000	62 NAME			
MANY CONTRACTOR				T ADDRESS		
STHELL ADDRESS			64 CITY	ST. 7IP		
14. Tdo herob	y certify that the information sup	pplied with this filing is volunta	arily furnished and	does not qu	alify for the exemption stated in Section and accurate and that my signature sha	119.07(3)(k), Florida Statutes. I
further cer	rify that the information indicate fer oath; that I am an officer or d irne appears in Block 12 or Bloc	a on this annual report or sup- rector of the cornoration or th	ipiemeniai annuai ne receiver or trus!	ee empower	ed to execute this report as required by	Chapter 617, Florida Statutes, and

SIGNATURE: ASULANDI THE OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR PL

9-30-96 Date Dayline Phone #

APPROVED

95 OCT -9 PM 12: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0060476