

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H75730 (2)

1. Corporation Name
KINEMA PLASTICS INC.

Principal Place of Business
7376 WEST 20TH AVENUE
BAY #155
HIALEAH FL 33016

Mailing Address
7376 WEST 20TH AVENUE
BAY #155
HIALEAH FL 33016-1819



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 1253 ASTURIA AVENUE		09/12/1985		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 CORAL GABLES, FL		59-2597330		Not Applicable	
24 Zip		29 33134		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEL VALLE, ROBERTO 1253 ASTURIA AVENUE CORAL GABLES FL 33134				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	DELE		1.1 TITLE		Change	Addition
NAME	DEL VALLE, ROBERTO			1.2 NAME			
STREET ADDRESS	1253 ASTURIA AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP			
TITLE	D	DELE		2.1 TITLE		Change	Addition
NAME	DEL VALLE, ROBERTO			2.2 NAME			
STREET ADDRESS	1253 ASTURIA AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 CITY-ST-ZIP	CORAL GABLES FL		
TITLE	V	DELE		3.1 TITLE		Change	Addition
NAME	DEL VALLE, MAGDA			3.2 NAME			
STREET ADDRESS	1253 ASTURIA AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			3.4 CITY-ST-ZIP	CORAL GABLES FL		
TITLE	S	DELE		4.1 TITLE		Change	Addition
NAME	DEL VALLE, KIMBERLY			4.2 NAME			
STREET ADDRESS	1253 ASTURIA AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			4.4 CITY-ST-ZIP	CORAL GABLES FL		
TITLE		DELE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: MAGDA DEL VALLE DATE: 4/22/97 DAYTIME PHONE: 305-825-7675

CR2E034 (9/96)