

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

FILED
Jun 04 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 # H79375 (2)
1. Corporation Name
PLASTEC U.S.A., INC.



Principal Place of Business 7752 NW 74TH AVE. MIAMI FL 33106 US	Mailing Address 7752 NW 74TH AVE. MIAMI FL 33166-7502 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1985	3a. Date of Last Report 06/03/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-2611567	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOSA, HECTOR V 1508 S.W. 103 AVE. MIAMI FL 33174				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	6861 Sunrise Ct		
				83			
				84 City	Coral Gables	85 Zip Code	FL 33133

11. Pursuant to the provisions of Sections 607.0507 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: *Beatriz Sosa* Secretary of Corp DATE: *4/27/97*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOSA, BEATRIZ			1.2 NAME			
STREET ADDRESS	1508 S.W. 103RD AVE.			1.3 STREET ADDRESS	6861 Sunrise Ct		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Coral Gables Fl 33133		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOSA, HECTOR			2.2 NAME			
STREET ADDRESS	1508 S.W. 103RD AVE.			2.3 STREET ADDRESS	6861 Sunrise Ct		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Coral Gables Fl 33133		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOSA, BEATRIZ			3.2 NAME			
STREET ADDRESS	1508 SW 103RD AVE.			3.3 STREET ADDRESS	6861 Sunrise Ct		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Coral Gables Fl 33133		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOSA, DAVID E.			4.2 NAME			
STREET ADDRESS	1508 SW 103RD AVE.			4.3 STREET ADDRESS	2333 Brickell Ave		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	Miami Fl 33129		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Beatriz Sosa* DATE: *4/27/97* 305-877-6920

CR2E034 (9/96)