Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90094 050 \*\*\*158.75

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **H79375**

1. Corporation Name

PLASTEC	C U.S.A., INC.				TARAKAN BINI KARIF KARA UNIK KARA ANIK BINI		
Principal Place		Mailing Address	<del></del>				<b>                                    </b>
7752 NW 74TH AVE. 7752 NW 74TH AVE. MIAMI FL 33166 US US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
					10/04/1985		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		plied For
21	4	Suite, Apt. #, etc.			59-2611567	\$8.75 A	t Applicable
Suite, Apt. 1	#, etc.	27			5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	,
Zip	Country	Zip C	ountry	/	8. This corporation owes the current year In		,,, l
24	25 29 30			Personal Property Tax.			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	3 Agent	
SOS	A, HECTOR V				ess (P.O. Box Number is Not Acceptable)		
6861 SUNRISE CT CORAL GABLES FL 33133			82		ess (P.O. Box Number is Not Acceptable)		
COR	AL GABLES I C 30133		83				
			84	'	F	LII	Code
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes, the f Florida. Such change was authorizons of, Section 607.0505, Florida St	abov ed by atutes	e-named corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	red Age	nt signature required	d when reinstating) DATE		
12,	. OFFICERS AND		3.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	S □ DELETÉ 1.1 TI		TITLE			☐ Change	☐ Addition
NAME	SOSA, BEATRIZ	1.2	NAME				}
STREET ADDRESS			STREE	T ADDRESS			ļ
CITY-ST-ZIP			CITY-S	T-ZIP			<b>53.4</b> 5%
TITLE	P DELETE 2.1 TI		TITLE			Change	Addition
NAME	SOSA, HECTOR	2.2	NAME				{
STREET ADDRESS	6861 SUNRISE CT	2.3	STREE	TADDRESS			
CITY-ST-ZIP			4 CITY-	ST-ZIP	The second section of the second section of the second section of the second section s	· · · ·	
TITLE	T		TITLE			Change	Addition
NAME	SOSA, ERNESTO J		NAME				
STREET ADDRESS	290 PINECREST DR	3.3	STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		CITY-	ST-ZIP			C Addition
TITLE	V		TITLE			Change	Addition
NAME	SOSA, DAVID E.		2 NAME	j j			
STREET ADDRESS	2333 BRICKELL AVE	4.3	STREE	TADORESS			-
CITY-ST-ZIP	MIAMI FL		CITY-S	ST-ZIP			
TITLE			TITLE			☐ Change	☐ Addition
NAME			NAME				ł
STREET ADDRESS		· •		TADDRESS			
CITY-\$T-ZIP			CITY-5	ST-ZIP	<u> </u>		
TITLE		DELETE 6.	TITLE	- 1		Change	Addition .

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 trusteet empowered to execute this report as required by Chapter 807, 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

REBEATRIZ DSOSA