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DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 11883 NW 27th Street  Store ALMHOCHE 2  ALMHOCHE 2  ALMHOCHE 2  DO NOT WRITE IN THIS SPACE  Original State  Origina	Plastic Design Trade Corporation						SECRETARY_OF TALLATIASSEE.	E STATE			
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Some and Address of Current Registered Agent Status Desired   \$3.75 Additional Fee Required					DO NOT WRITE IN THIS SI				ACE		
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Supplementary   Supplementar			1		4. FEIN	593647121				e	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial, I am familiar with, and accept the obligations of registered agent, or both, in the State of Brotial and accept the obligations of Protial and I am familiar with and accept the obligations of Protial and I am familiar with and accept the obligations of Protial and I am familiar with		Country Zip									
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IN THIS SPACE  7700 N KENDALL DRIVE SUITE 303  City MIAMI  FL 33 156  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  January 1. May 1 Foe is \$150.00  After May 1 Fee is \$550.00  Amended UBR is \$550.00  Amended UBR is \$61.25  MiAMA Chreek Physiological English Drag (this hard-State)  10. OFFICIENS AND DIRECTORS  TITLE  WAG SIRET ADDRESS  CITY-ST-2P  TITLE  WAG  SIRET ADDRESS  CITY-ST-2P  TITLE  TITLE  WAG  SIRET ADDRESS  CITY-ST-2P  TITLE  TITL		TON-OC	NRITE		KIEL						
City MIAM  FL Zip Code 33158  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.  SIGNATURE  January 1 - May 1 Fee is \$150.00  Amended USR is \$50.00  Amended USR is \$50.00  Amended USR is \$50.00  Amended USR is \$61.25  OFFICERS AND DIRECTORS  TITLE  NAME  STRET ADDRESS  CITY ST-2P  TITLE  TIT					Sireet Addres	is (P.O. Box N	umber is Not Acceptable	=) 			$\perp$
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SIGNATURE    Signature   Signa			nt for the purpose of changing i	ts register	ed office or regis	stered agent, o	or both, in the State of Flo	orida. I am fam	iliar wit	th, and accept	7
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		certify that the information suppliers	with this filing does not qualify f			Section 119.0	7(3)(i), Florida Statutes	further certify	that th	e information	4

indicated on this report or sup of the corporation or the recei attachment with an address, w ie and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

**ARMIN WAGNER** BIGNING OFFICER OR DIRECTOR

JULY 16th 03 +497819482849