

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000054454 (1)

1. Corporation Name
 POLYEXPORT, INC.
 18090 Collins Ave T-16 18090 Collins Ave. T-16
 S. Isles Beach, Fl. 33160 18090 Collins Av. T-16



Principal Place of Business
 210 174TH ST
 SUITE 1215
 N MIAMI BEACH FL 33160
 US

Mailing Address
 210 174TH ST
 SUITE 1215
 N MIAMI BEACH FL 33160
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 07/22/1994

4. FEI Number
 65-0506543

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 18090 Collins Ave. T-16
 Suite, Apt. #, etc. T-16
 City & State S. Isles Beach., Fl.
 Zip 33160 Country USA

2a. Mailing Address
 26 18090 Collins Ave. T-16
 Suite, Apt. #, etc. T-16
 City & State S. Isles Beach, Fl.
 Zip 33160 Country USA

9. Name and Address of Current Registered Agent
 GONZALEZ, JESUS F.A.
 210 174TH ST
 SUITE 2318
 N MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE P
 NAME GONZALEZ, JESUS
 STREET ADDRESS 210-174 ST., SUITE 2318
 CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE V
 NAME GONZALEZ, MILVANDA
 STREET ADDRESS 210 -174 ST. APT. 2318
 CITY-ST-ZIP N. MIAMI BEACH FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME 300002656373

5.3 STREET ADDRESS -10/06/98--01011--049

5.4 CITY-ST-ZIP ***550.00

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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: _____

CR2E034 (5/98)

Griff 9/26/98 (305) 933-3610