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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9400084759 (7) 1. Corporation Name

SUELAPLAST INCORPORATED Mailing Address Principal Place of Business **DUELAPLAST INC** SUEPLAST INC 2520 NW 21 TERR 2520 NW 21 TERR DO NOT WRITE IN THIS SPACE **MIAMI FL 33142** MIAMI FL 33142 3. Date Incorporated or Qualified 11/21/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 65-0560492 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country Ziri 8. This corporation owes or has paid the current year Intangible □ No Yes Yes Personal Property Tax due June 30. 24 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA, RICARDO 2520 N.W. 21ST TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 City Zip Code 85 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ponted name of registered agent and trie it applicable (NOTI Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DFLETE Change Addition TITLE 1.5 TITLE NAME **GARCIA. RICARDO** 1.2 NAME 5849 N.W. 7TH ST. APT. 503 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SY-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 fustee 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 attactument with an address.

6.4 CITY- ST- ZIP

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Jun 04 1998 8:00am

Secretary of State

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