

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019595 (3)
 1. Corporation Name
PLASVALE USA, INC.

Principal Place of Business 1216 ROUTE 113 CHESTER SPRINGS PA 19425 US	Mailing Address 1395 BRICKELL AVENUE THIRD FLOOR MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/29/1996	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	26 Suite, Apt. #, etc.	27 City & State
25 Zip	25 Country	29 Zip	30 Country	4. FEI Number 65-0679223	Applied For Not Applicable
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

g. Name and Address of Current Registered Agent
**STEWART, ROBERT W PA
 1395 BRICKELL AVENUE THIRD FLOOR
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
 Signature typed or printed name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SCHMALZ, LEOPOLDO A	
STREET ADDRESS	1395 BRICKELL AVENUE THIRD FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LOCHETTO, ANGELO A	
STREET ADDRESS	1216 ROUTE 113	
CITY-ST-ZIP	CHESTER SPRINGS PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	OLIVEIRA, OSNI DE	
STREET ADDRESS	RUA DR NEREU RAMOS 750	
CITY-ST-ZIP	GASPAR SC	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUE, AMANDA L	
STREET ADDRESS	1395 BRICKELL AVE THIRD FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAFORCE, CHARLES	
1.3 STREET ADDRESS	ROD. IVO SILVEIRA 1149 PAVABR CP105	
1.4 CITY-ST-ZIP	89110-000 GASPAR SC BRAZIL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ERICHSON, MARCOS NEY	
2.3 STREET ADDRESS	ROD. IVO SILVEIRA 1149 PAVABR CP105	
2.4 CITY-ST-ZIP	89110-000 GASPAR SC BRAZIL	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BEATRIZ ARACHESKI	
3.3 STREET ADDRESS	1395 BRICKELL AVENUE 3rd FLOOR	
3.4 CITY-ST-ZIP	MIAMI FL 33131	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 1/18/97 60-827-4010

CR2E034 (10/97)