

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90229 043 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000019595**

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	
21	Suite, Apt. #, etc.	26	999 BRICKELL AVE	02/29/1996	
22	City & State	27	1006	4. FEI Number	
23	Zip	28	MIAMI, FL.	65-0679223	
24	Country	29	33131	Applied For	
		30	USA	Not Applicable	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
STEWART, ROBERT W PA 1395 BRICKELL AVENUE THIRD FLOOR MIAMI FL 33131			81 Name ROBERT W. STEWART P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 999 BRICKELL AVENUE 83 Suite 1006 84 City Miami FL 85 Zip Code 33131		

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 the current year Intangible Personal Property Tax.  Yes  No

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 Robert W. Stewart, ROBERT W. STEWART, PRES DATE 1/15/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFORCE, CHARLES	1.2 NAME	
STREET ADDRESS	ROD. IVO SILVEIRA 1149 PAVABR CP105	1.3 STREET ADDRESS	
CITY-ST-ZIP	GASPAR SC BR 89110	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCHETTO, ANGELO A	2.2 NAME	
STREET ADDRESS	1216 ROUTE 113	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTER SPRINGS PA	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATRIZ ARACHESKI	3.2 NAME	
STREET ADDRESS	1395 BRICKELL AVE. 3RD FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICHSON, MARCOS NEY	4.2 NAME	
STREET ADDRESS	ROD. IVO SILVEIRA 1149 PAVABR CP105	4.3 STREET ADDRESS	
CITY-ST-ZIP	GASPAR SC BR 89110	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP MARIA C. STEWART
STREET ADDRESS		5.3 STREET ADDRESS	999 BRICKELL AVENUE, Suite 1006
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Maria C. Stewart DATE 1/21/99 DAYTIME PHONE # 305358-1443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)