


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90113 009 ***150.00

DOCUMENT # P96000019595			
1. Entity Name PLASVALE USA, INC.			
Principal Place of Business 999 BRICKELL AVE 1006 MIAMI, FL 33131 US		Mailing Address 999 BRICKELL AVE. STE 1006 MIAMI, FL 33131	
2. Principal Place of Business 1395 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 430		3. Mailing Address 1395 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 430	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country	Zip 33131	Country
6. Name and Address of Current Registered Agent STEWARTS, ROBERT W PA 999 BRICKELL AVE STE 1006 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name STEWART, ROBERT W. P.A. Street Address (P.O. Box Number is Not Acceptable) 1395 BRICKELL AVENUE SUITE 430 City MIAMI, FLORID FL Zip Code 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Robert W Stewart, Pres</u> DATE <u>4/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFORCE, CHARLES ROD. IVO SILVEIRA 1149 PAVABR CP105 GASPAR SC, BR 89110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEWART, MARIA C 999 BRICKELL AVE. STE 1006 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEWART, MARIA C. 1395 BRICKELL AVENUE, SUITE 430 MIAMI, FLORIDA 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>M.C. STEWART</u>		Date	Daytime Phone #
		<u>4/12/04</u>	<u>305.358.7272</u>

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04062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0679223 Applied For Not Applicable

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