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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000060432 (7)

PLASTECH INTERNATIONAL, INC.

FILED

Apr 29 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address PO BOX 558748 4655 SW 74 AVE MIAMI FL 33155 MIAMI FL 33255-8748 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0690618 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes □ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name BLACK, JAMES B JR 6941 SUNRISE CT 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33133 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signatura required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change BLACK, JAMES B JR NAME 1.2 NAME 6941 SUNRISE CT STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33133 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZW 2.4 CITY+ST-ZIP DELETE Change ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADORESS** CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 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 receiver or trustee empowed 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 our at green many with a reddress. officer or director of the corporation or the Block 12 or Block 13 if changed, or on all

SIGNATURE:

4-24-98

305-264-9015