


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

APPROVED
AND
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97 JUL -3 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000089620 (4)
1. Corporation Name
L.W. PLASTIC CARDB CORPORATION

Principal Place of Business 2830 COUNTRY CLUB BLVD. CAPE CORAL FL 33904	Mailing Address 2830 COUNTRY CLUB BLVD. CAPE CORAL FL 33904-3566
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/31/1996	3a. Date of Last Report
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0703540	Applied For <input type="checkbox"/> Not Applicable
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22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent LOPEZ, JORGE 5200 BLUE LAGOON DRIVE STE 600 MIAMI FL 33126		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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]* DATE **11/0/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME BEUSARIO, ROBERTO P	1.1 TITLE	400002235274-00
STREET ADDRESS	2830 COUNTRY CLUB BLVD.	1.2 NAME	-07/10/97--01090--010
CITY-ST-ZIP	CAPE CORAL FL 33904	1.3 STREET ADDRESS	****165.00 ****165.00
TITLE <input type="checkbox"/> DELETE	NAME	1.4 CITY-ST-ZIP	
STREET ADDRESS		2.1 TITLE	Secretary
CITY-ST-ZIP		2.2 NAME	Anna Dato
TITLE <input type="checkbox"/> DELETE	NAME	2.3 STREET ADDRESS	2830 Country Club Blvd.
STREET ADDRESS		2.4 CITY-ST-ZIP	Cape Coral, FL 33904
CITY-ST-ZIP		3.1 TITLE	
TITLE <input type="checkbox"/> DELETE	NAME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	
TITLE <input type="checkbox"/> DELETE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 any attachment with an address.

SIGNATURE *[Signature]* DATE **11/0/97** **94165716199.1**

CR2E034 (9/96)