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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018697

1. Corporation Name
COSTA PLASTICS, INC.

Principal Place of Business
1625 SW 1 WAY
DEERFIELD BEACH, FL 33441

Mailing Address
1625 SW 1 WAY
DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 2/27/98

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number 65-0742558 ☐ Applied For ☐ Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SCOTT H. LUTWAK, CPA~~
~~1191 E. NEWPORT CENTER DR., SUITE 104~~
~~DEERFIELD BEACH, FL 33442~~

10. Name and Address of New Registered Agent

81 Name PEDRO COSTA
82 Street Address (P.O. Box Number is Not Acceptable) 1625 SW 1 WAY
83
84 City DEERFIELD BEACH FL 85 Zip Code 33441

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 X [signature] (Signature of new registered agent required) (NOTE: Registered Agent signature required when reinstating) DATE 4/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	N/A ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEDRO COSTA	1.2 NAME	
STREET ADDRESS	1625 SW 1 WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	900002541829
STREET ADDRESS		5.3 STREET ADDRESS	-06/01/98--01021--034
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

$150

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: X [signature] P.P. 4/29/98 954-725-4955
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (ATTESTS OR DIRECTOR) DATE AREA CODE & DAYTIME TELEPHONE NUMBER

CR2E034 (10/97)