


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

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90018 047 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000058635 1. Corporation Name QUEEN'S PLASTICS MACHINERY USA, INC.			
Principal Place of Business 8107 N.W. 29TH ST. MIAMI FL 33122		Mailing Address 8107 N.W. 29TH ST. MIAMI FL 33122	
2. Principal Place of Business 21 1111 BRICKELL BAY DRIVE Suite, Apt. #, etc. 22 SUITE 512 City & State 23 MIAMI FL Zip Country 24 33131 25 USA		2a. Mailing Address 26 1111 BRICKELL BAY DRIVE Suite, Apt. #, etc. 27 SUITE 512 City & State 28 MIAMI FL Zip Country 29 33131 30 USA	
9. Name and Address of Current Registered Agent PRICE, JOHN M 8107 N.W. 29TH ST. MIAMI FL 33122		10. Name and Address of New Registered Agent 81 Name PRICE JOHN M 82 Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL BAY DRIVE, SUITE 512 83 84 City MIAMI FL 85 Zip Code 33131	
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 <u>JOHN M PRICE</u> DATE <u>4/20/99</u> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, JOHN M 8107 N.W. 29TH ST. MIAMI FL 33122	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOS, RAUL F 8107 N.W. 29TH ST. MIAMI FL 33122	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TA, KO MING 2/FL. NO.30 MING TSU EAST RD. TAIPEI, TAIWAN	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWOK, KWAN TING G/F BLK 2, TIEN CHU CENTRE, 1 E MOK CHEONG KOWLOON, HONG KONG	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 305-533-1051
Date Daytime Phone #

0178272

CR2E034 (1/198)