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Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90029 018 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088050

Corporation Name DURAPACK INC.



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business: 6650 COOLIDGE ST HOLLYWOOD FL 33024
2a. Mailing Address: 6650 COOLIDGE STREET HOLLYWOOD FL 33024
2b. Suite, Apt. #, etc.
2c. City & State
2d. Country

3. Date Incorporated or Qualified: 10/10/1997
4. FEI Number: 65-0790000
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 the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: CARROLL, MARK M 11098 BISCAYNE BLVD SUITE 403 MIAMI FL 33161-7486

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

Table with 2 columns: OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes rows for OVANESIAN, MARY DER and other officers with fields for title, name, street address, city-st-zip.

Table for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns for 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, etc.

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: Mary Der Ovanesian

1-21-99 954 985 8115

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