PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Apr 22, 1999 8:00 am Secretary of State

	1999		DIVISION OF C	ORPORA	TIONS		04-22-1999 901:	30 012 **	*150.00
DOCUMENT # P9800056153 1. Corporation Narms H & W PLASTICS, INC.						LUGAN BAN ING NEKON ARKA GRAN BANK BANK BENJ	R Ciall Cibl l M Ci	t anti iilli i tl l	
Principal Place of Business Mailing Address						towning the later and and a few many and		1 21102	
8269 NW S6 STREET 8269 NW 56 STREET						ļ			
Miami Fl 33166		MAM	FL 33166			1	DO NOT WRITE IN THE	S SPACE	
	1					ſ	3. Date Incorporated or Qualified 06/23/1998		
2. Principal Pl	ace of Business	2a. Ma	ailing Address			\neg	4. FEI Number		oplied For
21		26					65-0845415		ot Applicable
Suite, Apt. #, etc. Suite, Apt. 27			lite, Apt. #, etc.	x. #, etc			5. Certificate of Status Desired		Additional equined
City & State	2	. Ci	ty & State		•		6 Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zir	_	Count	ry		8. This corporation owes the current year to	ntangible Yes	□No .
24	25	29		<u> </u>			Personal Property Tax. 10. Name and Address of New Registered		
 	9. Name and Address of Curr	rent Registeri	ed Agent	- €	1 Name	_	IG. REITS ENG AUGICSS OF NEW REGISSION	Marie	
AMA	YA. HELENA				0 0	1 ddan a	- (D.O. Bou No. has in Not Assessable)		
8269 NW 56 STREET			į*	Z Street A	-voores:	s (P.O. Box Number is Not Acceptable)			
MIAN	Al FL 33166			1	3	-			}
				la la	4 City			85 Zip	Code
							F1	L. I changing its	redistared
11. Pursuant i	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	1502 and 607.1 Ite of Florida.	1508, Florida Statute Such change was au	s, the abc thorized t	y the corpo	orpora pration's	ation submits this statement for the purpose of sboard of directors. I hereby accept the appoint	ointment as re	gistered
agent. I ar	n familiar with, and accept the obli	igations of, Se	ction 607.0505, Flori	da Statuti	18.				
SIGNATURE	Signatura, typed or printed name of registered is								
		gent and life if app	hostie. (NOTE:	Registered A	ent signatura re	equired wi			
12.		agent and life if app AND DIRECT	ORS	13.		equired wi	ADDITIONS/CHANGES TO OFFICERS A		
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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 at 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 op an attachment with an address, with all other like empowered.