

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90059 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000077401

1. Corporation Name
PLASTIGOL BRAZIL, INC.

Principal Place of Business 12000 BISCAYNE BLVD. #607 NORTH MIAMI FL 33181	Mailing Address 12000 BISCAYNE BLVD. #607 NORTH MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12000 BISCAYNE BLVD		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 09/08/1998	
Suite, Apt. #, etc. 22 607		Suite, Apt. #, etc. 27 SAME		4. FEI Number 65-0862817	
City & State 23 NORTH MIAMI FL.		City & State 28 SAME		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33181		Zip 29 SAME		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 SAME		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALVAREZ, MARIO 17878 N BAY ROAD, NO. 208 MIAMI FL 33160				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEPES, JESUS A	1.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD. #607	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, MARIO	2.2 NAME	
STREET ADDRESS	17878 N BAY ROAD, NO. 208	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	2.4 CITY-ST-ZIP	
TITLE	EVD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONILLA, ANGEL F	3.2 NAME	
STREET ADDRESS	17878 N BAY ROAD, NO. 208	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ **DATE:** _____ **DAYTIME PHONE #:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)