FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED
APPROVED
APPROVED
FILED
95 APR 17 PM 1:42
95 APR 17 PM 1:43
STATE
FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S49974** **(6)**

1. Corporation Name
POLYSINDO (USA) INC.

Principal Place of Business	Mailing Address
10470 N.W. 31ST TERRACE MIAMI FL 33172	10470 N.W. 31ST TERRACE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/06/1991	02/03/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0272486	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No	

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
1916 HARDEN BLVD.
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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	D	11 TITLE	[X] Change [ ] Addition
NAME	SINIVASAN, M	12 NAME	Delete
STREET ADDRESS	WISMA HAYAM WURUK, #8	13 STREET ADDRESS	
CITY-ST-ZIP	JAKARTA, INDONESIA	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	[X] Change [ ] Addition
NAME	GANESAN, M	22 NAME	Delete
STREET ADDRESS	WISMA HAYAM WURUK, #8	23 STREET ADDRESS	
CITY-ST-ZIP	JAKARTA, INDONESIA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	[ ] Change [ ] Addition
NAME	ARUNACHALAM, M	32 NAME	
STREET ADDRESS	29 QUEENS ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	CENTRAL HONG KONG,HK	34 CITY-ST-ZIP	
TITLE	PTD	41 TITLE	[ ] Change [ ] Addition
NAME	TREVINO, JUAN A	42 NAME	
STREET ADDRESS	105 PTE COL MIRASIERRA	43 STREET ADDRESS	
CITY-ST-ZIP	MONTERREY, MEXICO	44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary T. Trevino 4/17/95 (305) 477-1454
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0100642 CP