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 AND FILED
95 MAR 22 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 188204 (2)

1. Corporation Name
MIAMI WASTE PAPER CO INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2120 N.W. 14TH AVE. P.O. BOX 420854 MIAMI FL 33142	2120 N.W. 14TH AVE. P.O. BOX 420854 MIAMI FL 33142

3. Date Incorporated or Qualified: 10/03/1955
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) / County (25) — Zip (29) / County (30)

4. FEI Number: 59-0761602 — Applied For / Not Applicable

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 has ability for intangible tax under S. 199.032 Florida Statutes — Yes / No

9. Name and Address of Current Registered Agent

KOPSTEIN,ROY
2120 NW 14TH AVE
MIAMI FL

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
(Signature required if printed name of registered agent and title if applicable) — (If Registered Agent signature required when necessary) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.	
TITLE	PD	71 TITLE	☐ Change ☐ Addition
NAME	KOPSTEIN,ROY	72 NAME	900001437839
STREET ADDRESS	2025 S.W. 13TH AVE	73 STREET ADDRESS	-03/23/95--01044--016
CITY-ST-ZIP	MIAMI FL	74 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KOPSTEIN,SADIE	22 NAME	
STREET ADDRESS	2025 S.W. 13TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NOVAS,BETTY	32 NAME	T.S. 3/22/95
STREET ADDRESS	9750 S.W. 19TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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, 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 71 or Block 72 if changed, or on an attachment with an address.

SIGNATURE: [signature] BRIDGETTE PEREZ SECRET. 3/2/95 (305) 325-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TITLE — DATE — AREA CODE & DAYTIME TELEPHONE NUMBER

[signature] BRIDGETTE PEREZ SECRET 3/16/95

0181100 CP