

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 JUN -5 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P97000003741 (0)

1. Corporation Name  
CARNIVAL PAPER INTERNATIONAL, INC.

Principal Place of Business: 7840 CAMINO REAL, SUITE P-101 MIAMI FL 33143  
Mailing Address: 7840 CAMINO REAL, SUITE P-101 MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 7840 Camino real

22 Suite, Apt. #, etc.  
P - 101

23 City & State  
Miami Florida

24 Zip  
33143

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
01/14/1997

4. FEI Number  
65-0726983

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: MONICA HOLLMAN  
82 Street Address (P.O. Box Number is Not Acceptable): 7840 Camino real  
83 Suite P- 101  
84 City: Miami FL 85 Zip: 33143

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: *Monica Hollman* MONICA HOLLMAN VSD 04-20-98  
DATE

12. OFFICERS AND DIRECTORS

TITLE: PTD  
NAME: MORAN, MONICA  
STREET ADDRESS: 7840 CAMINO REAL, SUITE P-101  
CITY-ST-ZIP: MIAMI FL 33143

TITLE: VSD  
NAME: CARVAJAL, RICARDO  
STREET ADDRESS: 7840 CAMINO REAL, SUITE P-101  
CITY-ST-ZIP: MIAMI FL 33143

TITLE:  DELETE  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PTD  Change  Addition  
1.2 NAME: CARVAJAL, RICARDO  
1.3 STREET ADDRESS: 7840 CAMINO REAL, SUITE P- 101  
1.4 CITY-ST-ZIP: MIAMI FL 33143

2.1 TITLE: VSD  Change  Addition  
2.2 NAME: HOLLMAN, MONICA  
2.3 STREET ADDRESS: 7840 CAMINO REAL, SUITE P- 101  
2.4 CITY-ST-ZIP: MIAMI FL 33143

3.1 TITLE:  Change  Addition  
3.2 NAME:   
3.3 STREET ADDRESS:   
3.4 CITY-ST-ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME:   
4.3 STREET ADDRESS:   
4.4 CITY-ST-ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:   
5.3 STREET ADDRESS:   
5.4 CITY-ST-ZIP:

6.1 TITLE:  Change  Addition  
6.2 NAME:   
6.3 STREET ADDRESS:   
6.4 CITY-ST-ZIP:

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06/09/98--01055--014

\*\*\*\*150.00 \*\*\*\*150.00

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

SIGNATURE: *Monica Hollman* MONICA HOLLMAN VSD 04-20-98 (201) 271-0352

CR2E034 (10/97)