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SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 MAR 28 PM 1:34

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # V49692 (9)
 1. Corporation Name
EDWARDS PAPER COMPANY, INC.

Principal Place of Business: **6700 NW 35 AVE MIAMI FL 33147**
 Mailing Address: **6700 NW 35 AVE MIAMI FL 33147**

2. Principal Place of Business: **21** Suits, Apt. #, etc.
 2a. Mailing Address: **26** Suits, Apt. #, etc.
 City & State: **23**
 Zip: **24** Country: **25** Zip: **29** Country: **30**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/09/1992**
 3a. Date of Last Report: **04/26/1994**
 4. FEI Number: **65-0351236** 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 liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
JACKELINE FLORES
6700 NW 35 AVE
MIAMI FL 33147

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, EDUARDO	12. NAME	
STREET ADDRESS	6700 NW 35 AVE	13. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33147	14. CITY, ST, ZIP	
TITLE	V	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREAGA, MIRTHA	22. NAME	
STREET ADDRESS	6700 NW 35 AVE	23. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33147	24. CITY, ST, ZIP	
TITLE	S	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, JACKELINE	32. NAME	
STREET ADDRESS	6700 NW 35 AVE	33. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33147	34. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: *Jacqueline Flores*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jacqueline Flores
 3/23/95 693-10001
 Date Date