

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **188204** (2)

1. Corporation Name
MIAMI WASTE PAPER CO INC



Principal Place of Business

2120 N.W. 14TH AVE.
P.O. BOX 420854
MIAMI FL 33142

Mailing Address

2120 N.W. 14TH AVE.
P.O. BOX 420854
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

KOPSTEIN,ROY
2120 NW 14TH AVE
MIAMI FL

3. Date Incorporated or Qualified **10/03/1955**
3a. Date of Last Report **03/22/1995**
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 liability for intangible tax under s. 199.032, Florida Statutes Yes No
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 607.007 and 607.1109, 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 607.007, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	KOPSTEIN,ROY	11 TITLE	11 NAME
2025 S.W. 13TH AVE	MIAMI FL	12 STREET ADDRESS	12 CITY- ST- ZIP
<input type="checkbox"/> DELETE		13 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	KOPSTEIN,SADIE	21 TITLE	21 NAME
2025 S.W. 13TH AVE	MIAMI FL	22 STREET ADDRESS	22 CITY- ST- ZIP
<input type="checkbox"/> DELETE		23 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	NOVAS,BETTY	31 TITLE	31 NAME
9750 S.W. 19TH ST.	MIAMI FL	32 STREET ADDRESS	32 CITY- ST- ZIP
<input type="checkbox"/> DELETE		33 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		41 TITLE	41 NAME
<input type="checkbox"/> DELETE		42 STREET ADDRESS	42 CITY- ST- ZIP
<input type="checkbox"/> DELETE		43 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		51 TITLE	51 NAME
<input type="checkbox"/> DELETE		52 STREET ADDRESS	52 CITY- ST- ZIP
<input type="checkbox"/> DELETE		53 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		61 TITLE	61 NAME
<input type="checkbox"/> DELETE		62 STREET ADDRESS	62 CITY- ST- ZIP
<input type="checkbox"/> DELETE		63 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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. 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 of this report, or on a supplemental annual report.

SIGNATURE: *Sadie Kopstein* *Roy Kopstein* 3/27/98 305-3250860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)