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

PROFI CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale

Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 230785 (8)CORONET PAPER PRODUCTS, INC. Principal Place of Business Mailina Addréss 3200 N. W. 119TH STREET 3200 N. W. 119TH STREET MIAM! FL 33167 MIAMI FL 33167-2925 3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1959 04/01/1996 2a. Mailing Address FEI Number 2. Principal Place of Baretoss Applied For 59-1009121 21 Not Applicable 26 Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Oty & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes Yes □ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOSSMAN, DAVID 3200 N.W. 119 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33167** 83 84 Zip Code 11. Fursions 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. SIGNATUR: in a new transit final filler from malike (NOTE Hogistered Agen, signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF LICERS AND DIBLECTORS 13. DELETE Change Addition PSD 11 DILE DI F KOSSMAN, DAVID S. NAME 1.2 NAME 3200 N. W. 199TH STREET 13 STREET ADDRESS STREET ATORES: MIAMI, FL 00000 1 4 C-TY - ST - ZIP Offy \$1-76 DELETE Change Addition 1:104 2171111 KOSSMAN, MURRAY J. SAM 2.2 KAM5 3200 N. W. 119TH STREET 2.3 STREET ADDRESS \$1611.1 APORESS MIAMI FL 2.4 CITY - ST - ZIP Cally S. DELETE Change Addition THE 3.1 1(1)(6 NOM 3.2 NAME 3.3 STREET ADDRESS STREET ACTORS SO 3.4 CHY-SI-7-P filt 5 DELETE Change Addition TITLE 4.1 THE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CHY-SI-7P DELETE Addition 5 1 TITLE Change 701.4 MARI 5.2 NAME SHELLADORER 53 STREET ADDRESS 54 CITY-ST-ZIP CDV - 51 - 769 DELETE Change Addition 10.3S I TITLE 6.2 NAME DAM STREET ARRESTS 63 STREET ADDRESS 64 OTY-ST-ZIP CHY-ST ZE

14. I do hereby certify that the information is applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in a sated on this armust report or supplemental activate point is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an office or director of this corporation or the receiver or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name apprars in Block 12 or Block

SIGNATURE:

205-688-6601

(96/6)

FILED

Mar 25 1997 8:00am