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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 287278

(6)

1. Corporation Name

SWEET PAPER SALES CORP.

Principal Place of Business

6800 N W 36TH AVENUE
MIAMI FL 33147-6504

Mailing Address

6800 N W 36TH AVENUE
MIAMI FL 33147-6504

2. Principal Place of Business

2a. Mailing Address

P.O. Box 470730

State, Apt. #, etc.

City & State

Miami FL

Zip

33247-0730

Country

30

9. Name and Address of Current Registered Agent

SCHECK, MICHAEL
6800 N.W. 36TH AVENUE
MIAMI FL 33147

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 607.04(2) and 607.17(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office from the above address to the address below. 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 Sections 607.04(2) and 607.17(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
VD	SCHECK, JEFFREY	6800 N.W. 36TH AVE.	MIAMI FL
TSD	SCHECK, RAQUEL	6800 N.W. 36TH AVE.	MIAMI FL
PD	SCHECK, MICHAEL	6800 NW 36 AVE	MIAMI FL
VD	SCHECK, MARTY	6800 NW 36 AVE	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
14. CITY-STATE-ZIP	15. NAME	16. STREET ADDRESS	17. CITY-STATE-ZIP
18. CITY-STATE-ZIP	19. NAME	20. STREET ADDRESS	21. CITY-STATE-ZIP
22. CITY-STATE-ZIP	23. NAME	24. STREET ADDRESS	25. CITY-STATE-ZIP
26. CITY-STATE-ZIP	27. NAME	28. STREET ADDRESS	29. CITY-STATE-ZIP
30. CITY-STATE-ZIP	31. NAME	32. STREET ADDRESS	33. CITY-STATE-ZIP
34. CITY-STATE-ZIP	35. NAME	36. STREET ADDRESS	37. CITY-STATE-ZIP
38. CITY-STATE-ZIP	39. NAME	40. STREET ADDRESS	41. CITY-STATE-ZIP
42. CITY-STATE-ZIP	43. NAME	44. STREET ADDRESS	45. CITY-STATE-ZIP
46. CITY-STATE-ZIP	47. NAME	48. STREET ADDRESS	49. CITY-STATE-ZIP
50. CITY-STATE-ZIP	51. NAME	52. STREET ADDRESS	53. CITY-STATE-ZIP
54. CITY-STATE-ZIP	55. NAME	56. STREET ADDRESS	57. CITY-STATE-ZIP
58. CITY-STATE-ZIP	59. NAME	60. STREET ADDRESS	61. CITY-STATE-ZIP
62. CITY-STATE-ZIP	63. NAME	64. STREET ADDRESS	65. CITY-STATE-ZIP
66. CITY-STATE-ZIP	67. NAME	68. STREET ADDRESS	69. CITY-STATE-ZIP
70. CITY-STATE-ZIP	71. NAME	72. STREET ADDRESS	73. CITY-STATE-ZIP
74. CITY-STATE-ZIP	75. NAME	76. STREET ADDRESS	77. CITY-STATE-ZIP
78. CITY-STATE-ZIP	79. NAME	80. STREET ADDRESS	81. CITY-STATE-ZIP
82. CITY-STATE-ZIP	83. NAME	84. STREET ADDRESS	85. CITY-STATE-ZIP
86. CITY-STATE-ZIP	87. NAME	88. STREET ADDRESS	89. CITY-STATE-ZIP
90. CITY-STATE-ZIP	91. NAME	92. STREET ADDRESS	93. CITY-STATE-ZIP
94. CITY-STATE-ZIP	95. NAME	96. STREET ADDRESS	97. CITY-STATE-ZIP
98. CITY-STATE-ZIP	99. NAME	100. STREET ADDRESS	101. CITY-STATE-ZIP

14. I do hereby certify that the information supplied herein is true and correct, and that the corporation is not exempt from Section 119.07(3)(a), Florida Statutes. I further certify that the information supplied on this 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 and the information provided herein is true and correct. This report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in changed, or on any other block in this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Schack

1/16/96 305 671 8760

CR2E034 (12/95)

FILED
Apr 02 1996 8:00 am
Secretary of State

