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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

**FILED PROFIT** Feb 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) 690859 AMERICAN PAPER SUPPLIES, INC. Principal Place of Business Mailing Address 8050 NW 64TH STREET 8050 NW 64 ST BAY 4 BAY #4 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE MIAMI FL 33166 U\$ 3. Date Incorporated or Qualified 06/18/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 8050 N.W. 64th ST., 26 59-2120069 Not Applicable Suite, Apt. #, etc. Bay #4 Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Miami, Florida Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes or has paid the current year intangible 25 DADE 24 33166 X Yes Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name BARRAZA, MARITZA 13525 S.W. 82ND TERRACE **B2** Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33183 63 84 City 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** (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE 1.1 TITLE TITLE BARRAZA, ANAX NAME 12 NAME 13525 SW 82ND TERR. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE VISBAL, ALVARO NAME 2.2 NAME 90 EDGEWATER DRIVE STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

0/12/98

305-592-7112

6.4 CITY-ST-ZIP 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 supplier ental 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 or material an address.

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