

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

FILED

Feb 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000004594 (7)

1. Corporation Name

INTERCONTINENTAL CELLULOSE SALES, INC.



Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD., STE. ~~0050~~ 4400  
MIAMI FL 33131

200 S. BISCAYNE BLVD., STE. ~~0050~~ 4400  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1994

4. FEI Number

13-3250392

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., STE. 105  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS SVENSSON, JAN  
CITY-ST-ZIP 200 S. BISCAYNE BLVD., STE. ~~0050~~ 4400  
MIAMI FL 33131

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS ANZELMO, LEE  
CITY-ST-ZIP 200 S. BISCAYNE BLVD., STE. ~~0050~~ 4400  
MIAMI FL 33131

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS COOPER, NEIL  
CITY-ST-ZIP 200 S. BISCAYNE BLVD., STE. ~~0050~~ 4400  
MIAMI FL 33131

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS ALVEMAR, LARS  
CITY-ST-ZIP PO BOX 230, S-40123  
BOTHENBURG SW

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LARS, APPLIGREN  
CITY-ST-ZIP PO BOX 230, S-40123  
GOTHENBURG SW

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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

*Neil J. Cooper*

*Neil J. Cooper* 200 S. Biscayne Blvd, Suite 4400  
Miami, FL 33131

CR2E034 (10/97)