FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006571 (3)**

1. Corporation Name

CATALOGUE STATIONERS INC.

Principal Place of Business	Mailing Address
801 S. UNIVERSITY DR. STE. 138C PLANTATION FL 33324	801 S. UNIVERSITY DR. STE. 138C PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10242 NW 47 St	26 10242 NW 47th St
Suite, Apt. #, etc. 22 Ste. 16/17	Suite, Apt. #, etc. 27 Ste. 16-17
City & State 23 Sunrise, FL	City & State 28 Sunrise, FL
Zip / County 24 33321 / 25 USA	Zip / County 29 33321 / 30 USA

4. FEI Number: 95-4307037 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MANGONES, JEAN-PIERRE
801 S. UNIVERSITY DRIVE, STE. 138C
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Jean Pierre Mangones
82 Street Address (P.O. Box Number is Not Acceptable): 10242 NW 47th St
83: Suite 16
84 City: Sunrise **FL** 85 Zip Code: 33321

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: X _____ 4/1/95
(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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	FAUBERT, REYNOLD	1.2 NAME	
STREET ADDRESS	17103 KINGSVIEW AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARSON CA 90746	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	FAUBERT, AYN	2.2 NAME	
STREET ADDRESS	17103 KINGSVIEW AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARSON CA 90746	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, CARY	3.2 NAME	
STREET ADDRESS	17103 KINGSVIEW AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARSON CA 90746	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: _____ Ayn Faubert, VP. 4/1/95 310 324 4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001864 FP