

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 APR 25 AM 7:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G37857** (1)  
1. Corporation Name  
**THE PAPER WHOLESALER, INC.**

Principal Place of Business Mailing Address  
**17800 NORTH STATE ROAD 9 DRIVE MIAMI FL 33162 US** **17800 N SR 9 DRIVE MIAMI FL 33162 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **05/09/1983** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2305351** 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  
**GRANOFF, ROBERT  
17800 NORTH STATE ROAD 9 DRIVE  
MIAMI FL 33150**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CDS</b>
NAME	<b>GRANOFF, ROBERT</b>
STREET ADDRESS	<b>17800 NORTH STATE ROAD 9 DRIVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b>
NAME	<b>ROBINS, JANVCE</b>
STREET ADDRESS	<b>17800 N STATE ROAD 9 DRIVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VTD</b>
NAME	<b>RACHLIN, NORMAN S.</b>
STREET ADDRESS	<b>17800 NORTH STATE ROAD 9 DRIVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>TEED, WILLIAM</b>
STREET ADDRESS	<b>17800 NORTH STATE ROAD 9 DRIVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DELETE "S"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>ADD "S"</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing to voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman S. Rachlin* 4/14/95 651-6700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**NORMAN S. RACHLIN, SECT.**