

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

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**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**

3. Date Incorporated or Qualified **05/09/1983** 3a. Date of Last Report **06/13/1996**  
 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**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

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 **O. B. Romero**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2901 S.W. 8th Street**  
 83 **Suite 202**  
 84 City **Miami** FL 85 Zip Code **33135**

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 607.0502, Florida Statutes.  
 SIGNATURE **O. B. Romero** DATE **4/18/97**

12. OFFICERS AND DIRECTORS

TITLE	CDV	<input checked="" type="checkbox"/> DELETE
NAME	GRANOFF, ROBERT	
STREET ADDRESS	17800 NORTH STATE ROAD 9 DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINS, JANYCE	
STREET ADDRESS	17800 N STATE ROAD 9 DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTDS	<input checked="" type="checkbox"/> DELETE
NAME	RACHLIN, NORMAN S.	
STREET ADDRESS	17800 NORTH STATE ROAD 9 DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TEED, WILLIAM	
STREET ADDRESS	17800 NORTH STATE ROAD 9 DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	M.H. Shulman	
1.3 STREET ADDRESS	2901 S.W. 8th Street Suite 202	
1.4 CITY-ST-ZIP	Miami, FL 33135	
2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S.E. Shulman	
2.3 STREET ADDRESS	2901 S.W. 8th Street Suite 202	
2.4 CITY-ST-ZIP	Miami, FL 33135	
3.1 TITLE		<input type="checkbox"/> Change <input 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 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 checked, or on an attachment with an address.

SIGNATURE: **M.H. Shulman** DATE: **4/18/97** (800) 726-0832

CR2E034 (9/96)