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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # J38775

(9)

Corporation Name

Principal Place of Business

CORAL PAPER CORP.

Mailing Address	

3490 NORTHWEST 125TH STREET MIAMI FL 33167		3490 NORTHWEST 1251 MIAMI FL 33167	3490 NORTHWEST 125TH STREET MIAMI FL 33167						
						3. Date Incorporated or Qualified 10/21/1986	3a. Date 04	of Last R /28/199	eport 95
2. Principal Place	ce of Business	2a. Mailing Address				4. FEI Number 13-5660405			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	h1		5. Certificate of Status Desired	Sa.75 Additional Fee Required			
City & State	City & State City & State					Election Campaign Financing Trust Fund Contribution		Adde	0 May Be d to Fees
Zip 24	Country 25	Zıp 29	30 Cou	intry			No_		199.032,
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New	tegistereo /	Agent	
PEREZ, C	'ADI A			82			LIST		
3490 NO				Street Ad	ldress (P.Ö. Box Number is Not Acceptable)				
MIAMI FL	. 3316/			83					
				84	City		FL	. [] [p Code
11. Pursuant to or registere	the provisions of Sections 607.050 ad agent, or both, in the State of Flor	02 and 607.1508, Florida Statute rida, Such change was authorize	es, the abo ed by the	ove-r	named corr oration's b	poration submits this statement for the public oard of directors. I hereby accept the app	rpose of cha pointment as	anging its i registered	registered office I agent. I am
SIGNATURE	Carl and	1115					4/20	pe	
	Signature, typod or printed name of registered age	ht and titre if #50 cable (NO ND DIRECTORS	TE Registered	Ager	it signature req	uirad which reinstating? ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12
12. TITLE	PTD	DELETE		1 1 THILE		THE PROPERTY OF THE PARTY OF TH		Change	Addition
NAME:	PEREZ, JOHN		12 N/						
STREET ADDRESS	3490 NW 125TH STREET		1.3 \$						
CITY - S1 - ZIP	NIAMI FL				IT-ZIP		r	Change	Addition
71TLE	S DELETE 2.1 PEREZ, CARL A. 22			AME		Claringe C Addition			
NAME STREET ADDRESS	A 400 NIN 400TH OTOPET				EET ADDRESS				
City-ST-ZiP	ANADA CI				ST-ZIP				
TITLE	<u> </u>			ITLE				Change	Addition
NAME			321	AME					
STREET ADDRESS			3.3 5	STREE	T ADDRESS				
CITY - ST - ZIP		FT be to			ST - ZIP			Change	Addition
THILE		DELETE		IITLE			·		[] Addition
NAME			421		ADDRESS				
STREET ADDRESS					ST-ZIP				
C-1Y-ST-ZIP		☐ DELE E		TITLE	··· • · · · · · · · · · · · · · · · · ·			Change	■ Addition
NAME		-	521	IAME					
STHEE! ADDRESS	•		5.3 9	TREE	F ADDRESS				
CI*Y-ST-ZIP			5.4 (ITY-S	ST - ZIP				
TITLE		☐ DELETE	6 1	TITLE	T		ĺ	Change	☐ Addition
NAME				IAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			640	HTY-	ST - 71P				<u> </u>

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)(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 certify 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:

GNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 305-685-5954