

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
Division of Corporations

95 MAY -1 PM 1:41

DOCUMENT # K02429 (4)

**1. Corporation Name
THE PAPER BOUTIQUE, INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business
% BEATRIZ PRENDES
11501 SW 69TH COURT
MIAMI FL 33156

3. Mailing Address
% BEATRIZ PRENDES
11501 SW 69TH COURT
MIAMI FL 33156

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 11/13/1987		3a. Date of Last Report 07/12/1994	
2. Foreign Filings of Employees		4. FET Number 65-0016330	
21. Foreign Filings of Employees		4. FET Number	
22. State of Filing		5. Certificate of Status Desired <input type="checkbox"/>	
23. City & State		6. Election Campaign Financing <input type="checkbox"/>	
24. Country		7. This corporation has liability for intangible tax under S 194.021 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
PRENDES, BEATRIZ 11501 SW 69TH COURT MIAMI FL 33156		B1. Name	B5. FL	Zip Code
		B2. Street Address (P.O. Box Number is Not Acceptable)		
		B3.		
		B4. City		

11. Pursuant to the provisions of Sections 197.040 and 197.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 197.040, Florida Statutes.

SIGNATURE _____ **As Registered Agent**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	D PRENDES, BEATRIZ	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	11501 SW 69TH COURT	2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	MIAMI FL	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	D PRENDES, GEORGE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	11501 SW 69TH COURT	5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY	MIAMI FL	6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	D ROJO, AGUSTIN, JR	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	CARRETERA NO. 19	8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY	GUAYNABO PR	9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurate, true and correct and that my signature shall have the same legal effect as if made in person. I am familiar with and accept the obligations of the corporation of this filing. I am authorized to execute this report as required by Florida Statutes, and that my signature represents the Board of Directors of the corporation.

SIGNATURE: *Beatriz Prende* **4/26/95 (305) 661-1449**