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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K81199

(7)

PAPER PAPER PAPER, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 420 S. DIXIE HWY. #2K 420 S. DIXIE HWY. #2K CORAL GABLES FL 33146 CORAL GABLES FL 33146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0178420 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LOCASCIO, EDWARD S. 420 S. DIXIE HWY., #2K Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33146 83 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 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 DELETE Change Addition TITLE 1.1 TITLE EVANS, JOE 1.2 NAME NAME 12E034 420 S. DIXIE HWY, #2K 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 C/TY~ST~7IP DELETE Change Addition TITLE 2.1 TITLE LOCASCIO, EDWARD S. NAME 22 NAME 420 S. DIXIE HWY. #2K 2.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE EVANS, LYNN 3.2 NAME NAME 420 S. DIXIE HWY. #2K 3.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS City-ST-7IP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP 14. I hereby certify that the information supplied with this filling 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 opporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of Block 13 of Chapter 607, Florida Statutes.

SIGNATURE:

STREET ADDRESS

REQUIRED

305-373-2500