

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # L53999 (3)**

1. Corporation Name  
**AR PAPER DISTRIBUTOR, INC.**



Principal Place of Business: P.O. BOX 145150, P.O. BOX 145150, CORAL GABLES FL 33114-5150 US  
Mailing Address: P.O. BOX 145150, P.O. BOX 145150, CORAL GABLES FL 33114-5150 US

3. Date Incorporated or Qualified: **03/01/1990**  
3a. Date of Last Report: **02/14/1995**  
4. FEI Number: **65-0177645**  
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: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ZERVIGON, ALDO  
201 SEVILLA  
SUITE 209  
CORAL GABLES FL 33134**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

NAME	DP	<input type="checkbox"/> DELETE
Street Address	RODRIGUEZ, BERTA MARIA	
CITY, ST, ZIP	P.O. BOX 145150 N/A	
NAME	DVT	<input type="checkbox"/> DELETE
Street Address	ARTIME, MARIA CRISTINA	
CITY, ST, ZIP	P.O. BOX 145150 N/A	
NAME	S	<input type="checkbox"/> DELETE
Street Address	ZERVIGON, ALDO	
CITY, ST, ZIP	201 SEVILLA, SUITE 209	
NAME		<input type="checkbox"/> DELETE
Street Address		
CITY, ST, ZIP		
NAME		<input type="checkbox"/> DELETE
Street Address		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied by 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 general 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, changed or on an attached chart with an address.

SIGNATURE: *Berta M. Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Berta M. Rodriguez**

1-30-96 (335)  
445-9268  
DATE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

CR2E034 (12/95)