

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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/01/1990**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>65-0177645</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ZERVIGON, ALDO**  
**201 SEVILLA**  
**SUITE 209**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
 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: *Roberto Rodriguez* **Roberto Rodriguez** **2/23/98**  
Signature, type or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, BERTA MARIA	
STREET ADDRESS	P.O. BOX 145150 N/A	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	ARTIME, MARIA CRISTINA	
STREET ADDRESS	P.O. BOX 145150 N/A	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZERVIGON, ALDO	
STREET ADDRESS	201 SEVILLA, SUITE 209	
CITY-ST-ZIP	CORAL GABLES 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		CHANGED	ADDED
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Roberto Rodriguez		
1.3 STREET ADDRESS	P.O. Box 145150 (N/A)		
1.4 CITY-ST-ZIP	Coral Gables, Fl.		
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Berta M. Rodriguez		
2.3 STREET ADDRESS	P.O. Box 145150 (N/A)		
2.4 CITY-ST-ZIP	Coral Gables, Fl.		
3.1 TITLE	DTS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Maria Cristina Artime		
3.3 STREET ADDRESS	P.O. Box 145150 (N/A)		
3.4 CITY-ST-ZIP	Coral Gables, Fl.		
4.1 TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Aldo Zervigon		
4.3 STREET ADDRESS	201 Sevilla, Suite 209		
4.4 CITY-ST-ZIP	Coral Gables, Fl.		
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 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 changed, or on an attachment with an address.

SIGNATURE: *Roberto Rodriguez* **Roberto Rodriguez** **3/5/98** **305 445-9268**

CR2E034 (10/97)