## Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90016 043 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L53999							•				
AR PAPER DISTRIBUTOR, INC.											
Principal Place of Business Mailing Address					***			INE SUSS DIDEN UND	II GIBLI BIBLI BI		
P.O. BOX 14515	ю	P.O. BOX 145150									
P.O. BOX 14515		P.O. BOX 145150			Ì	DO NOT WRITE IN THIS SPACE					
CORAL GABLES	6 FL 33114-5150	CORAL GABLES FL 33114-5150			3.	3. Date Incorporated or Qualifed					
						03/01/1990			-		
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number	_	App	lied For		
21		26				65-0177645			Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		<b>\$8.75</b> A Fee Red			
22		City & State				Startian Campaign Financian	_				
City & State		28			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	•		
Zip	Country Zip			Country			This corporation owes the curre	ent year Inta			
24	25	29	0				Personal Property Tax.		Yes	□No	
9. Name and Address of Current Registered Agent						10.	. Name and Address of New R	tegistered A	gent		
					Name						
ZERVIGON, ALDO				82	Street A	Address (F	P.O. Box Number is Not Accepta	ible)			
201 SEVILLA				02				_	<u> </u>		
SUITE 209 CORAL GABLES FL 33134				83							
				84 City				FL	85 Zip C		
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								hanging its i iment as reg	egistered istered		
SIGNATURE		WOT. D				a da dubon	coinstating	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re  12. : OFFICERS AND DIRECTORS				egistered Agent signature requir			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DP DELETE		1.1 TITLE				_	Change	☐ Addition		
NAME	RODRIGUEZ, ROBERTO			1.2 NAME						-	
STREET ADDRESS				1.3 STREET ADDRESS							
CITY-ST-ZIP	CORAL GABLES FL		14 CITY-ST-ZIP		-ZIP						
TITLE	DTS DELETE		2.1 TITLE				•		☐ Change	☐ Addition	
NAME	ARTIME, MARIA CRISTINA			2.2 NAME						}	
STREET ADDRESS	P.O. BOX 145150 N/A				ADDRESS		·	·			
CITY-ST-ZIP	CORAL GABLES FL				T-ZIP			_	Change	Addition	
TITLE	VO		3.1 TITLE 3.2 NAME						ondrigo		
NAME STREET ADDRESS	ZERVIGON, ALDO 201 SEVILLA, SUITE 209				ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL				T-ZIP				•		
TITLE	DV DELETE			.E			·	_	☐ Change	Addition	
NAME	RODRIGUEZ, BERTA M.		4.2 NA	ME	-					1	
STREET ADDRESS	1			4.3 STREET ADDRESS							
CITY-ST-ZIP	CORAL GABLES FL		4.4 CIT	Y-ST	r- ZIP						
TITLE		☐ DELETE	5.1 TITL	E					☐ Change	☐ Addition	

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 comporation 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 an antiachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Roberto

Change

☐ Addition