FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M00602** **(6)**

1. Corporation Name

ALLIANCE PAPER GROUP INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1101 COUNTRY CLUB DR. N. PALM BEACH FL 33408-3717	1101 COUNTRY CLUB DR. N. PALM BEACH FL 33408-3717

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/15/1984**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) County (25) (30)

4. FEI Number: **59-2481104** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

DAVIE, ROBERT
1101 COUNTRY CLUB DR.
N. PALM BEACH FL 33408

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, CORNELIUS JACO	1.2 NAME	
STREET ADDRESS	13 ADDERLEY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENSINGTON REPUBLIC SO	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JOCELYN GAIL	2.2 NAME	
STREET ADDRESS	13 ADDERLEY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KESINGTON REPUBLIC SO	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIE, MAYBELLE A.	3.2 NAME	
STREET ADDRESS	1101 COUNTRY CLUB DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	V.P.	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIE, ROBERT, L.	4.2 NAME	
STREET ADDRESS	1101 COUNTRY CLUB DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL - 33408	4.4 CITY-ST-ZIP	
TITLE	DAVIE, ROBERT (PRESIDENT)	5.1 TITLE	☐ Change ☐ Addition
NAME	1101 COUNTRY CLUB DRIVE	5.2 NAME	
STREET ADDRESS	NORTH PALM BEACH	5.3 STREET ADDRESS	
CITY-ST-ZIP	FL 33408	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Robert Davie 19TH April 1995 407-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0647A00 CP