

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

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Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M53337 (5)
 1. Corporation Name
PACKAGING AGENTS OF MIAMI, INC.



Principal Place of Business EPS HP P-1136 P.O. BOX 02-5261 MIAMI FL 33102 US	Mailing Address C/O CABEZA, MANUEL E. P.A. 808 DOUGLAS RD. SUITE 351 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 S.W. 1103 Avenue Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip 24 33331 Country 25 U.S.A.	2a. Mailing Address 26 338 Minorca Ave. Suite, Apt. #, etc. 27 City & State 28 Coral Gables, FL Zip 29 33134 Country 30 US
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3. Date Incorporated or Qualified 06/05/1987	4. FEI Number 59-2811995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
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 CABEZA, MANUEL E. 800 DOUGLAS ROAD SUITE 351 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 338 Minorca Ave. 83 84 City Coral Gables FL 85 Zip Code 33134
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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	
TITLE DPST <input type="checkbox"/> DELETE NAME GAULDING, ELLISON PARKS STREET ADDRESS 800 SOUGLAS ROAD, SUITE 351 CITY-ST-ZIP CORAL GABLES FL	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 338 Minorca Ave. 1.4 CITY-ST-ZIP Coral Gables, FL 33134
TITLE AS <input type="checkbox"/> DELETE NAME CABEZA, MANUEL E. STREET ADDRESS 800 DOUGLAS ROAD, SUITE 351 CITY-ST-ZIP CORAL GABLES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 338 Minorca Ave. 2.4 CITY-ST-ZIP Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 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:

[Handwritten Signature]

2-9-98

CR2E034 (10/97)