

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

PROFIT-CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000012411 (2)**

1. Corporation Name

**GOLDEN GOOSE PAPER SUPPLY CO.**



Principal Place of Business

Mailing Address

**3500 FLAMINGO DRIVE  
SUITE 200  
MIAMI BCH FL 33140  
US**

**3500 FLAMINGO DRIVE  
SUITE 200  
MIAMI BCH FL 33140  
US**

3. Date Incorporated or Qualified  
**02/10/1994**

3a. Date of Last Report  
**06/19/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number **65-0600296**  
**APPLIED FOR**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENENDEZ-CAMBO, PATRICIA  
C/O GREENBERG TRAVRIG  
1221 BRICKELL AVE  
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 date of filing

(NOTE: Registered Agent Signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **D LEFTON, MARCY**  
STREET ADDRESS **3500 FLAMINGO DRIVE**  
CITY-ST-ZIP **MIAMI BCH FL 33140**

1.1 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

**200001736532  
-03/08/96--01009--024  
\*\*\*200.00**

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)(k), 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:

*Marcy L. Lefton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARCY L. LEFTON**

*1/20/96*

*305/531-1054*

*7-796*

CR2E034 (12/95)