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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

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NAME

STREET ADDRESS

SIGNATURE.

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9500001325 (6)

U.S.A. PAPER STOCK CORPORATION

Principal Place of Business Mailing Address 2643 N.E. 209 STREET 2643 N.E. 209 STREET MIAMI FL 33180 MIAMI FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/04/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 65-0551955 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **COSTA. ENRIQUE** 2643 N.E. 209 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33180** 83 84 City 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 profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD DELETE Change Addition TITLE 1.1 TITLE ZANERO, MARTA J NAME 1.2 NAME 2643 N.E. 209 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33180 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE VSD DELETE Change Addition 2.1 TITLE Bruhn, Mardelo A NAME 2.2 NAME 2643 N.E. 209 STREET STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33180** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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. ulichas

**FILED** 

Apr 27 1998 8:00am

Secretary of State