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Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000063464 (8)

1. Corporation Name
DAISYTEK LATIN AMERICA, INC.



Principal Place of Business Mailing Address
500 NORTH CENTRAL EXPRESSWAY 500 NORTH CENTRAL EXPRESSWAY
PLANO TX 75074 PLANO TX 75074-6772

3. Date Incorporated or Qualified 08/16/1995	3a. Date of Last Report 12/02/1996
4. FEI Number 65-0614404	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature type of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAP, DAVID A	1.2 NAME	
STREET ADDRESS	500 NORTH CENTRAL EXPRESSWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANO TX 75074	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYTON, MARK C	2.2 NAME	
STREET ADDRESS	500 NORTH CENTRAL EXPRESSWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANO TX 75074	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANOTTA, EDGAR D	3.2 NAME	Achatz, Harvey
STREET ADDRESS	500 NORTH CENTRAL EXPRESSWAY	3.3 STREET ADDRESS	500 North Central Expressway
CITY - ST - ZIP	PLANO TX 75074	3.4 CITY - ST - ZIP	Plano, TX 75074
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, THOMAS J	4.2 NAME	
STREET ADDRESS	500 NORTH CENTRAL EXPRESSWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANO TX 75074	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, CHRIS	5.2 NAME	
STREET ADDRESS	500 NORTH CENTRAL EXPRESSWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	PLANO TX 75074	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, JAMES R	6.2 NAME	
STREET ADDRESS	500 NORTH CENTRAL EXPRESSWAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	PLANO TX 75074	6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-487 972 881-4700

Date

Daytime Phone # 0011401

CR2E034 (9/96)