


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

FILED
Jan 26 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 # **P95000063464 (8)**

1. Corporation Name
DAISYTEK LATIN AMERICA, INC.

Principal Place of Business
**500 NORTH CENTRAL EXPRESSWAY
PLANO TX 75074**

Mailing Address
**500 NORTH CENTRAL EXPRESSWAY
PLANO TX 75074**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/16/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0614404 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Harvey Achutz
HARVEY ACHUTZ

1-13 98 977 8014700

CR2E034 (10/97)