


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90097 014 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P95000075959</b> 1. Corporation Name <b>NEW PAPYRUS GROUP INC.</b>			
Principal Place of Business <b>1521 ALTON ROAD</b> <b>SUITE 335</b> <b>MIAMI BEACH FL 33139</b> <b>US</b>		Mailing Address <b>1521 ALTON ROAD</b> <b>SUITE 335</b> <b>MIAMI BEACH FL 33139</b> <b>US</b>	
2. Principal Place of Business 21 <b>16 Forest Rd</b> Suite, Apt. #, etc. 22 <b>#453</b> City & State 23 <b>San Cristobal, Taos</b> Zip 24 <b>87564</b> Country 25 <b>NM</b>		2a. Mailing Address <i>46 CG Accounting Corp.</i> 26 <b>2455 Hollywood Blvd.</b> Suite, Apt. #, etc. 27 <b>Suite 210</b> City & State 28 <b>Hollywood, FL</b> Zip 29 <b>33020</b> Country 30 <b>US</b>	
3. Date Incorporated or Qualified <b>09/29/1995</b>		4. FEI Number <b>65-0615190</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PETERS, SUSANNE</b> <b>750 EUCLID AVE. #8</b> <b>MIAMI BEACH FL 33139</b>		10. Name and Address of New Registered Agent 81 Name <b>Schweitzer, David Jean Yokahn</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1141 71st Street</b> 83 84 City <b>Miami Beach</b> <b>FL</b> 85 Zip Code <b>33141</b>	
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 <i>Susan Peters</i> <b>SUSANNE PETERS</b> <b>2-22-99</b> 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 <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>PETERS, SUSANNE</b> STREET ADDRESS <b>750 EUCLID AVE., #8</b> CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b> TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>Peters, Susanne</b> <i>% J. Kahn, Esq.</i> STREET ADDRESS <b>1141 71ST STREET</b> CITY-ST-ZIP <b>MIAMI BEACH FL 33141</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Schweitzer, David Jean % J. Kahn</b> 1.3 STREET ADDRESS <b>1141 71st Street</b> 1.4 CITY-ST-ZIP <b>Miami Beach, FL 33141</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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, with all other like empowered.

SIGNATURE: *Susan Peters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 (505) 737-7495

Date

Daytime Phone #

CR2E034 (11/98)