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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000090613 1. Corporation Name

ACE PAPER CORP.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90075 001 ***150.00



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Principal Place	e of Business	Mailing Address				i samilant sim ikini ditsi yasil 25	114 WOLL OF 118 11	Jul Bauld Rijd	1 11865 11() 1861
4505 NW 72 AV		2511 SW 124 AVE							
MIAMI FL 33166 MIAMI FL 33175 US US						DO NOT WR	TE IN THIS	SPACE	
US		05				3. Date Incorporated or Qualifed		DI AGE	
1						11/29/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21 /53/	2 S.W 52 TETTAC	26 15312 S	w,	<i>5</i> 2	Terrac	65-0626849		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional lequired
City & State City & State City & State City & State Miami, F			=_	<u></u>		Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	ntry	<u></u>	8. This corporation owes the cur	rent year Inta	angible	
24 33/8	15 25 USA	²⁹ 33/85	30 6)S/	→ ,	Personal Property Tax.		Yes	No
	9. Name and Address of Current	t Registered Agent		04 1		10. Name and Address of New	Registered A	\gent	
MAD	ESMA, FRANK			81 N	lame				•
				82 S	treet Addres	ss (P.O. Box Number is Not Accept			
2511 S.W. 124TH AVENUE MIAMI FL 33175					<u> 1531</u>	2 5.W. 52	Tesca	<u>دد</u>	
IANTANA	MITE 33173			83			•		
				84 C	ity Mif	1 11	FL		Code 3/85
44 Dureuant	to the provisions of Sections 607.0502	2 and 607 1508. Florida Statu	tes the a	hove-Da					
office or re	registered agent, or both, in the State of m familiar with, and accept the obligat	of Fforida. Such change was a	authorized	I by the	corporation	's board of directors. I hereby acce	pt the appoin	itment as re	egistered
SIGNATURE						_			
	Signature, typed or printed name of registered agen			Agent sig	nature required v	when reinstating)	DATE		
12.	OFFICERS AN		13.		 1	ADDITIONS/CHANGES TO OF	FICERS AN		ORS IN 12 Addition
TITLE	PD .	☐ DELETE	1,1 TI		ĺ			Change	☐ Addition
NAME	MARESMA, FRANK		1.2 NA		/3	53/2 S.W 52 Miami, FL	. Teri	Tace	ļ
STREET ADDRESS	2511 S.W. 124TH AVENUE			REET ADI	DRESS	Ninai F/	02/85	_	
CITY-ST-ZIP	MIAMI FL 33175	▼ DELETE		TY-ST-ZIF	, /	MAMI, IL	90700	Change	Addition
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NAME	MATA, HECTOR		2.2 NA						
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CITY-ST-ZIP	MIAMI FL 33175	☐ DELETE	3.1 717	ITY-ST-ZI	Р			Change	[] Addition
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NAME STREET ADDRESS				reet adi	JBESS				
				TY-ST-ZU					ļ
CITY-ST-ZIP TITLE			3.4. C		<u> </u>			☐ Change	☐ Addition
NAME			4. 2 N						_
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CITY-ST-ZIP				TY-ST-ZIF					ł
TITLE		☐ DELETE	5.1 70					Change	Addition
NAME		_ ··-	5.2 NA				-		
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1				TY-ST-ZIF					ı
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI		 		_	Change	Addition
NAME			6.2 NA		1			3-	
				REET ADI	ORESS				
STREET ADDRESS			0.001	T/ OT 715	,				

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: Frank MARESMA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR