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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000026286 (0)

POMPANO PAPER PRODUCTS, INC.

Principal Place of Business Mailing Address							
Principal Place of Business 1421 S.W. 10TH AVE. SUITE 101 POMPANO BEACH FL 33089		Mailing Address 1421 S.W. 10TH AVE. SUITE 101 POMPANO BEACH FL 33089-4639					
				3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last R	Bport .	
2. Principal Place of		2a. Mailing Address		4. FEI Number	Ap	plied For	
21 SAME		26 SAME		65-0671462		t Applicable	
Suite, Apt. #, etc	;	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 A	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00		
23	Country	28	Country	Trust Fund Contribution	Added I		
24	25	29	30	6. This corporation has liability for in Florida Statutes	ntangible tax under s Yes \(\overline{\overli	199.032,	
9	Name and Address of Curren		1301	10. Name and Address of New Reg			
	ICHARD C		81 Name				
	OAKLAND PARK BLVD.		82 Street Add	Iress (P.O. Box Number is Not Acceptab	(a)		
SUNRISE			OZ Street Add	dress (P.O. Box Number is Not Acceptab	ie)		
001111102	. , .		83				
			24 2		12-1 3-7	<u> </u>	
			84 City		FL 85 Zip	Code	
DIRCE OF registr		ations of Section 607 A606 I	Florida Statutes				
SIGNATURE Signal	niliar with, and accept the obligation, typed or philed name of represent ago	int and little if applicable (No	OTE Registered Agent signature requ		DATE	20140	
agent. I am far SIGNATURE Signal 12.		rd and life if applicable (NO	OTE Registered Agent algosture requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR		
agent. Lam far SIGNATURE Signature.	ore, typed or printed name of reportered ago OFFICERS AN	int and little if applicable (No	OTE Registered Agent signature requ				
Agent, Lam far SIGNATURE SIGNATURE SIGNATURE D NAME S0	OFFICERS AN	rd and life if applicable (NO	OTE Registered Agent signature required. 13. 1.1 TITLE 12 NAME		ERS AND DIRECTOR		
### Agent Lam far Signature Signature	OFFICERS AND MINERKAMP, ERICH DI RICO DR.	rd and life if applicable (NO	OTE Registered Agent signature requirements of the second signature requirements of t		ERS AND DIRECTOR		
### ADDRESS 550 City-St-Zip B0	OFFICERS AN	ord and lide if applicable (NOD DIRECTORS DELETE	OTE Registered Agent signature required. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-SY-ZIP		ERS AND DIRECTOR Change	Addition	
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MARCO GARCIA-ARRESE

SIGNATURE: Will facula of PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 07 1997 8:00am

Secretary of State