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

PROFIT CORPORATION ANNUAL REPORT 2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000032092

1. Corporation Name

MILO PAPER CHEMICAL CORPORATION

26

27

Principal Place of Business

2. Principal Place of Business

Suite, Apl. #, etc.

City & State

23

24

Zip

Mailing Address

2a, Mailing Address

City & State

Zιρ

Suite, Apt. #, etc.

250 W 22ST HIALEAH, FL

Country

9. Name and Address of Current Registered Agent

25

PABLO PARENTE

250 W 22 ST HIALEAH, FL

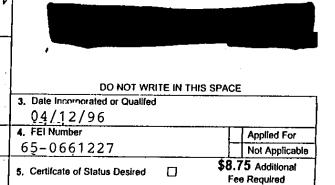
250W 22 ST

30

HIALEAH, FL 33010

FILED May 17, 2001 8:00 am Secretary of State

05-17-2001 91291 044 ***150.00



· []

\$5.00 May Be

Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Personal Property Tex. 10. Name and Address of New Registered Agent Name PABLO PARENTE Street Address (P.O. Box Number is Not Acceptable) 203 W 28 ST 83

6. Election Campaign Financing

Zip Code 3 3 0 1 0

84

HIALEAH

office or registered agent, by 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 697.0505, Florida Statutes.						
SIGNATURE Stylingfore, typed or printed name opingstricted ngment find title if applicable. (NOTE: Registered Agent signature required when remaining). DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DC IN 12
TITLE	PTD	DELETE	1.1 TUILE	PTD	K Change	Addition
NAME	PABLO PARENTE		1.2 NAME	PABLO PARENTE	45	
STREET ADDRESS	250 W 22 ST		1.3 STREET ADDRESS	203 W 28 ST		
CITY-ST-ZIP	HIALEAH, FL 33010		1.4 CITY-ST-ZIP	HIALEAH, FL 33010		
TITLE		K) DELETE	2.1 TITLE	VSD	★ Change	[] Addition
NAME	VSD ANDRES J. LABRADA		2.2 NAME	ANDRES J. LABRADA		
STREET ADDRESS	250 W 22 ST		2.3 STREET ADDRESS	203 W 28 ST		
CITY-ST-ZIP	HIALEAH , FL 33010		2.4 CITY-ST-ZIP	HIALEAH, FL 33010		
.title		DELETE	3.1 TITLE		Change	Addition
NAME			32 NAME	· , - · · - ·	, — ·- ·	
STREET ADDRESS	•		3.3 STREET ADDRESS	•		
CITY-ST-ZIP	·		3.4. CITY-ST-ZIP	* · ·		•
TITLE		☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			4. 2 NAME	•		
STREET ADDRESS	; -		4.3 STREET ADDRESS	; •		1
CITY-ST-ZIP			4.4 CITY+ST-ZIP	: .		` '
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME	·		
STREET ADDRESS			5.3 STREET ADDRESS		·	
CITY-ST-ZIP	<u>. </u>		5.4 CITY-ST-ZIP	:		
TITLE		DELETE	6.1 TITLE	2	☐ Change	Addition
NAME			6.2 NAME		<u> </u>	
STREET ADDRESS		٠,	6.3 STREET ADDRESS			
	the state of the s					

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 angual 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 chapted, or one attachment with an address, with all other like empowered.

SIGNATURE