

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

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

05-17-2001 91291 044 \*\*\*150.00

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

Principal Place of Business

Mailing Address

250 W 22ST  
HIALEAH, FL

250W 22 ST  
HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/96

4. FEI Number

65-0661227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PABLO PARENTE  
250 W 22 ST  
HIALEAH, FL

81

Name PABLO PARENTE

82

Street Address (P.O. Box Number is Not Acceptable)  
203 W 28 ST

83

84

City HIALEAH

FL

85

Zip Code  
33010

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

*Andres J. Labrada*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☒ DELETE  
NAME PABLO PARENTE  
STREET ADDRESS 250 W 22 ST  
CITY-ST-ZIP HIALEAH, FL 33010

1.1 TITLE PTD ☒ Change ☐ Addition  
1.2 NAME PABLO PARENTE  
1.3 STREET ADDRESS 203 W 28 ST  
1.4 CITY-ST-ZIP HIALEAH, FL 33010

TITLE VSD ☒ DELETE  
NAME ANDRES J. LABRADA  
STREET ADDRESS 250 W 22 ST  
CITY-ST-ZIP HIALEAH, FL 33010

2.1 TITLE VSD ☒ Change ☐ Addition  
2.2 NAME ANDRES J. LABRADA  
2.3 STREET ADDRESS 203 W 28 ST  
2.4 CITY-ST-ZIP HIALEAH, FL 33010

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Andres J. Labrada*