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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Mar 25 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 P97000021649 (3) DOCUMENT # SOUTHERN PAPER, INC. Mailing Address Principal Place of Business 99/5 NW SSTH AVE. 9975-NW-98TH-AVE. MEDLEY FL 33178 MEDLEY FL 33178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1997 2a. Mailing Address Applied For 2. Principal Place of Business 0740269 STREET N.W. 154 5T 8004 H.W. Not Applicable 8004 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required SUITECity & State Miami LAKES 6. Election Campaign Financing \$5.00 May Be 33016 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Ζip DADE Personal Property Tax due June 30. リペカモ 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Ŕ1 Name GONZALEZ, CARMEN P 9975 NW 88TH AVE. 62 MEDLEY FL 33178 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered eigent, 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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Addition 1.1 TITLE ☐ Change TITLE GONZALEZ, CARMEN P 1.2 NAME NAME 9975 NW 88TH AVE. 1.3 STREET ADDRESS STREET ADDRESS MEDLEY FL 33178 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE **GONZALEZ, JORGE A** 2.2 NAME NAME 9975 NW 88TH AVE. 2.3 STREET ADDRESS STREET ADDRESS MEDLEY FL 33178 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE 5.1 TITLE Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE

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 trusted employered 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.

6.2 NAME

6.3 STREET ADORESS

CICNATI IDE:

NAME

STREET ADDRESS CITY-ST-ZIP