

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90010 026 ***150.00

DOCUMENT # **P98000064708**

1. Corporation Name

PAPIER NOUVEAU INCORPORATED



Principal Place of Business

8550 BYRON AVE #2F
MIAMI BEACH FL 33141

Mailing Address

8550 BYRON AVE #2F
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1998

4. FEI Number

65-0897346

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.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COIPEL, DANIEL
8550 BYRON AVE #2F
MIAMI BEACH FL 33141

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PRESIDENT ☐ Change ☒ Addition
DANIEL COIPEL
8550 BYRON AVE #2F
MIAMI BEACH FL 33141

VICE PRESIDENT ☐ Change ☒ Addition
FATIMA MEDEROS
8550 BYRON AVE #2F
MIAMI BEACH FL 33141

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

DANIEL COIPEL

7/13/99

(305) 861 8849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



N48000064708
606693-90010-26

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 29, 1999

PAPIER NOUVEAU INCORPORATED
8550 BYRON AVE #2F
MIAMI BEACH, FL 33141

SUBJECT: PAPIER NOUVEAU INCORPORATED
Ref. Number: P98000064708

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office **both the annual report and the filing fee must be received by our office together in order to be processed.**

In order for this office to waive the late fee, you must return your explanation letter with your check and document.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Trevor Brumbley
Document Specialist

Letter Number: 399A00038758

P98000064708
206693-90010-21
8550 Byron Ave. #2F
Miami Beach, FL 33141

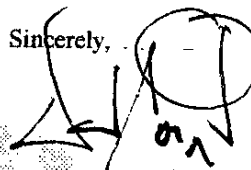
July 13, 1999

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is a check for \$150, the amount required for filing a timely 1999 Profit Corporation Annual Report. I recently received the second notification requiring that I pay \$550. I feel this is unjust, as I did not receive the first packet. Also, a \$400 penalty fee will be difficult to pay due to limited funding (\$0 revenues) and startup status.

Sincerely,


Daniel Coipel
President
Papier Nouveau, Inc.

Enclosure (1)