

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # S26747 (3)**

1. Corporation Name

LE PAPIER, INC.

Principal Place of Business

**21332 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180**

Mailing Address

**21332 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180****APPROVED
AND
FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REMITTED BY MAY 1**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1991	3a. Date of Last Report 03/11/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0238538	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent**KURZWEIL, HOWARD E., ESQ.
328 MINORCA AVENUE
2ND FLOOR
CORAL GABLES FL 33180****10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KURZWEIL, HOWARD E.	1.2 NAME	
STREET ADDRESS	328 MINORCA AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	P, S, T, D	2.1 TITLE	☐ Change ☐ Addition
NAME	ESTER, GORIN	2.2 NAME	
STREET ADDRESS	21330 W DIXIE HWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BCH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature (Print Name)