FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S61133 (2)

1. Corporation Name
AMERICAN PAPER INC.

Principal Place of Business
8227 NW 68TH ST
MIAMI FL 33166

Mailing Address
8227 NW 68TH ST
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 9975 N.W. 88th AV.
Suite, Apt. #, etc.
22 —
City & State
23 MEDLEY, FLORIDA
Zip 24 33178 County 25 DADE

2a. Mailing Address
26 2625 Ponce de Leon Blvd.
Suite, Apt. #, etc.
27 285
City & State
28 CORAL GABLES, FLORIDA
Zip 29 33134 County 30 DADE

4. FEI Number: 65-0273072 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DE OCA, RAUL MONTES
~~1214 WEST 62ND ST.~~
~~HIALEAH FL 33014~~

10. Name and Address of New Registered Agent

81 Name (Same)
82 Street Address (P.O. Box Number is Not Acceptable) 9975 N.W. 88th AV
83
84 City MEDLEY FL 85 Zip Code 33178

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	MONTES DE OCA, RAUL	12 NAME	MONTES DE OCA, RAUL
STREET ADDRESS	~~1214 WEST 62ND ST.~~	13 STREET ADDRESS	9975 N.W. 88th AV.
CITY-ST-ZIP	~~HIALEAH FL~~	14 CITY-ST-ZIP	Medley, Florida 33178
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	~~CANO, OVALDO~~	22 NAME	
STREET ADDRESS	~~1214 WEST 62ND ST.~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~HIALEAH FL~~ NO!	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: _____ 4-20-95 (305) 858-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RAUL MONTES DE OCA

0174241 CP