SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:55

DOCUMENT # **S72016** **(6)**

1. Corporation Name

AMERICAN PAPER U.S.A., INC.

Principal Place of Business	Mailing Address
C/O WALTER F. POWERS 1315 BAYSHORE DRIVE ENGLEWOOD FL 34223	C/O WALTER F. POWERS 1315 BAYSHORE DRIVE ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/15/1991**
3a. Date of Last Report: **08/02/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: **65-0284320** — 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 [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POWERS, WALTER F.
1315 BAYSHORE DRIVE
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

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 change(s) 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 [illegible] (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY ST ZIP	D POWERS, WALTER F. 1315 BAYSHORE DRIVE ENGLEWOOD FL	01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY ST ZIP	☐ Change ☐ Addition
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY ST ZIP	D POWERS, [illegible] 1315 [illegible] DRIVE ENGLEWOOD FL	05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY ST ZIP	☐ Change ☐ Addition
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP		09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP	☐ Change ☐ Addition
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP		13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP	☐ Change ☐ Addition
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP		17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Walter Powers — 6-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
WALTER POWERS

0164329 FP