

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 11 PM 12: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V01920** (0)

1. Corporation Name

**MEAD USA, INC.**

Principal Place of Business

**3333 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES, FL 33134  
US**

Mailing Address

**2333 PONCE DE LEON BLVD  
SUITE 650  
CORAL GABLES, FL 33134  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/23/1991**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**65-0314192**

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

7. This corporation has liability for interjurisdictional tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21 **205 E. SAN MARINO DR.**

2a. Mailing Address

26 **205 E. SAN MARINO DR**

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc.

23 City & State

**MIAMI BEACH, FL**

28 City & State

**MIAMI BEACH, FL**

24 Zip

**33139**

25 Country

**USA**

29 Zip

**33139**

30 Country

**USA**

9. Name and Address of Current Registered Agent

**BLANCO, FRANCISCO E.  
2333 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES, FL 33134**

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 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

**3/24/95**

(Print or typed or printed name of registered agent or officer if applicable)

(Print or typed or printed name of registered agent or officer if applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>
NAME	<b>BLANCO, FRANCISCO E.</b>
STREET ADDRESS	<b>205 E. SAN MARINO DR.</b>
CITY, ST, ZIP	<b>MIAMI BCH, FL 33139</b>
TITLE	<b>DVS</b>
NAME	<b>BLANCO, MARIA K.</b>
STREET ADDRESS	<b>205 E. SAN MARINO DR.</b>
CITY, ST, ZIP	<b>MIAMI BCH, FL 33139</b>
TITLE	<b>DTS</b>
NAME	<b>BLANCO, FRANCISCO, JR.</b>
STREET ADDRESS	<b>6801 SW 75 AVE</b>
CITY, ST, ZIP	<b>MIAMI, FL 33143</b>
TITLE	<b>DVP</b>
NAME	<b>BLANCO, JORGE A.</b>
STREET ADDRESS	<b>7440 SW 68 ST.</b>
CITY, ST, ZIP	<b>MIAMI, FL 33143</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>800001454508</b>
24 CITY, ST, ZIP	<b>-04/12/95--01068--018</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>****200.00 ****200.00</b>
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>TIS @ 4/11/95</b>
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARIA K. BLANCO**

**3/24/95 (205) 538-6098**

(Date)

(Phone Number)