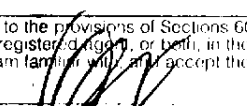
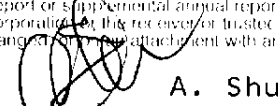


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V09658 1. Corporation Name INTERNATIONALE PAPERWORK COMPANY					
Principal Place of Business 17800 North State Rd 9 Drive Miami, FL 33162 U.S.			Mailing Address _____		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 4902 SW 72nd Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 4902 SW 72nd Avenue Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/24/1992	
22 City & State 23 Miami, FL Zip Country 24 33155 25 U.S.		27 City & State 28 Miami, FL Zip Country 29 33155 30 U.S.		4. FEI Number 65-0314610 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent Romero, O.B. 2901 SW 8th Street Suite 202 Miami, FL 33135 U.S.			10. Name and Address of New Registered Agent 81 Name Shulman, A. 82 Street Address (P.O. Box Number is Not Acceptable) 4902 SW 72nd Avenue 83 84 City Miami FL 85 Zip Code 33155		
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  A. Shulman - President 4/28/98 (Signature of individual or partner named in system required when applicable) (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ☒ DELETE Shulman, M.H. 2901 SW 8th Street, Ste. #202 Miami, FL 33135	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D ☒ Change ☐ Addition Shulman, A. 4902 SW 72nd Avenue Miami, FL 33155		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ DELETE Shulman, S.E. 2901 SW 8th Street, Ste. #202 Miami, FL 33135	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	300002508763 -05/04/98--01015--004 ***158.75		
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; that 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 change of name attachment with an address.					
SIGNATURE:  A. Shulman - President 4/28/98 (305) 662-0668 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (10/97)