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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:05

DOCUMENT # V26965 (6)

1. Corporation Name
APACHE PACKAGING SUPPLIES, INC.

Principal Place of Business	Mailing Address
5159 NW 74 AVE. MIAMI FL 33166 US	5159 N.W. 74TH AVE. MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/07/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21: SAME AS ABOVE
2a. Mailing Address — 26: SAME AS ABOVE
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0330770 ☐ 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

CASAS, WILLIAM A
9390 W. FLAGLER ST APT 205
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name: CASAS William A
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5159 N.W. 74 Ave
84 City: Miami FL 85 Zip Code: 33166

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P	☑ Change ☐ Addition
NAME	CASAS, WILLIAM A	1.2 NAME	CASAS, William A	
STREET ADDRESS	14922 SW 169 LN.	1.3 STREET ADDRESS	5159 N.W. 74 AVE	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33166	
TITLE	VD	2.1 TITLE		☑ Change ☐ Addition
NAME	CASAS, MONICA A	2.2 NAME	NO longer VD (resigned)	
STREET ADDRESS	14922 SW 169 LN.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☑ Change ☐ Addition
NAME	VAZQUEZ, NELSON A	3.2 NAME	NO longer Director	
STREET ADDRESS	14922 SW 169 LN.	3.3. STREET ADDRESS		
CITY-ST-ZIP	MAIMI FL	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: William A. Casas William A. CASAS — 3-8-95 — 305-477-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103606 CP