

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V49692 (9)  
1. Corporation Name  
EDWARDS PAPER COMPANY, INC.

Principal Place of Business  
6700 NW 35 AVE  
MIAMI FL 33147

Mailing Address  
6700 NW 35 AVE  
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3775 N.W. 77TH ST Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA Zip 33147 Country		2a. Mailing Address 26 3775 N.W. 77TH ST Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA Zip 33147 Country		3. Date Incorporated or Qualified 07/09/1992	
				4. FEI Number 65-0351236	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JACKELINE FLORES 6700 NW 35 AVE MIAMI FL 33147		10. Name and Address of New Registered Agent 81 Name JACQUELINE FLORES 82 Street Address (P.O. Box Number is Not Acceptable) 3775 N.W. 77TH ST 83 84 City MIAMI FL 85 Zip Code 33147	
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11. Pursuant to the provisions of Sections 607.0507 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 Jacqueline Flores - Secretary DATE 2/9/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, EDUARDO	1.2 NAME	
STREET ADDRESS	6700 NW 35 AVE	1.3 STREET ADDRESS	7300 SW 148 ST
CITY-ST-ZIP	MIAMI FL 33147	1.4 CITY-ST-ZIP	MIAMI FLORIDA 33158
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREAGA, MIRTHA	2.2 NAME	
STREET ADDRESS	6700 NW 35 AVE	2.3 STREET ADDRESS	7300 SW 148 ST
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP	MIAMI FLORIDA 33158
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, JACKELINE	3.2 NAME	
STREET ADDRESS	6700 NW 35 AVE	3.3 STREET ADDRESS	FLORES, JACQUELINE
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	7300 SW 148 ST
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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] DATE 2/9/98 (305) 693-6001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)