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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K57717

1. Corporation Name

PROMISE COLOR, INC.

									36 8	1811 1 36) 610 11 3	HALL BURN WIND	B B B B B B B B
Principal Place	e of Business		Mailing A	ddress					,			
7801 NW 37TH	ST		7801 NW 3	37TH ST								
204 MIAMI FL 33166			204 MIAMI FL 33166					DO NOT WRITE IN THIS SPACE				
US			US					3. Date Incorporated or Qualifed				
								01/09/19	89			
2. Principal Pl	lace of Business		2a. Mailin	g Address				4. FEI Numbe	r		A	pplied For
21			26					65-01184	132		N	lot Applicable
Suite, Apt. 1	#, etc.		Suite,	Apt. #, etc.				E Codifecte o	f Status Desired			Additional
22			27					-5Certificate o	- Catas Desired	, , , , , , , , , , , , , , , , , , ,	Fee R	tequired
City & State	e		City 8	State				6. Election Ca	mpaign Financing		\$5.00	May Be
23			28					Trust Fund	Contribution		Added	to Fees
Zip	Country	<i>,</i>	Zip		Country	,		8. This corpora	ation owes the cur	rent year Int	angible	_
24	25		29	3	30			Personal Pr	<u> </u>		Yes	□No
	9. Name and Addre	ss of Current F	Registered A	Agent				10. Name and	Address of New	Registered .	Agent	
					81	Nar	ne					
BEFE	eler, george				82	Ctro	ot Addro	ee (P.O. Boy Num	nber is Not Accept	table)		
100 -	SOUTHEAST 2 STRE	H 701 BA	ZICKËLL.	AUENUL	02	300	et Addre	SS (F.O. DOX NUII	iber is Not Accept	idolo,		
	LOOR	Suite 2	2000		83	1		-				
MAN	VII FL 33131-	MIAM	FL 33	5131							- T	
			•		84	City	,			FL	85 Zip	Code
44 Dureuant I	to the provisions of Sect	ione 607 0502 :	and 607 150	8 Florida Statutes	s the above	e-nam	ed como	ration submits thi	s statement for the	e purpose of	changing it	s registered
office or re	egistered agent, or both.	in the State of	Florida, Suc	h change was au'	inorized by	rtne co	orporation	n's board of direct	ors. I hereby acce	ept the appoi	ntment as r	egistered
agent Lar	m familiar with, and acce	ept the obligatio	ins of, Sectio	n 607.0505. Flori	da Statutes	5.						
SIGNATURE		-fttt -					ure required	when reinstation)		DATE		
SIGNATURE	Signature, typed or printed name		ind title if applicab	le (NOTE: F	Registered Age		ure required	when reinstating)	CHANGES TO O	DATE FFICERS AN	ID DIRECT	ORS IN 12
SIGNATURE	0	of registered agent a	ind title if applicab	ele (NOTE: F	Registered Age		ure required		CHANGES TO O		ID DIRECT	
SIGNATURE 12. TITLE	D	FFICERS AND	DIRECTORS	NOTE: F	13.		ure required		CHANGES TO O			
SIGNATURE 12. TITLE NAME	D SCHONENBERG,MI	FFICERS AND	DIRECTORS	NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signat			CHANGES TO OI			
SIGNATURE 12. TITLE NAME STREET ADDRESS	D SCHONENBERG,MI 2834 NW 79 AVE	GUEL ANGEL	DIRECTOR	NOTE: F S DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signat			CHANGES TO OI			
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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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP