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 FEB -3 AM 9:09

DOCUMENT # **L16677** (1)

1. Corporation Name
COLOR-IT, INC.

Principal Place of Business	Mailing Address
711 WEST 16TH STREET HIALEAH FL 33010	711 WEST 16TH STREET HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0142540	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 9305 N.W. 101 ST	20 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MEDLEY FL	28 City & State: SAME
24 Zip: 33178 25 Country: DADE	29 Zip: SAME 30 Country: SAME

9. Name and Address of Current Registered Agent

TAKO, MORDEHAY
8120 LOS PINOS BLVD.
CORAL GABLES FL

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 obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Resigned	☒ Change ☐ Addition
NAME	RYDZ, ABRAHAM	1.2 NAME	RYDZ, ABRAHAM	
STREET ADDRESS	330 RIDGEWOOD RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP		
TITLE	SD V.P.	2.1 TITLE		☐ Change ☐ Addition
NAME	IZHAK, YORAM	2.2 NAME		
STREET ADDRESS	1420 LOS PINOS BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SOFERSIDE FL	2.4 CITY-ST-ZIP		
TITLE	TD Treas. Secty	3.1 TITLE		☐ Change ☐ Addition
NAME	TAKO, MORDEHAY	3.2 NAME		
STREET ADDRESS	8120 LOS PINGS BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	Resigned	☒ Change ☐ Addition
NAME	BATTLE, JOSE M.	4.2 NAME	BATTLE, Jose M.	
STREET ADDRESS	605 WARREN LANE	4.3 STREET ADDRESS		
CITY-ST ZIP	KEY BISCAYNE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	D. Pres.	☐ Change ☒ Addition
NAME		5.2 NAME	MALLER Eric	
STREET ADDRESS		5.3 STREET ADDRESS	9056 W. Sunrise BLVD.	
CITY-ST ZIP		5.4 CITY-ST-ZIP	PLANTATION FL. 33322	
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)(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: _____ 1/25/95 305-887 3580
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #
ERIC MALLER, Pres.

0070545 CP