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

APPROVED AND FILED
95 MAY -1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036459 (4)**

1. Corporation Name
ROOTS OF COLOURS, INC.

Principal Place of Business	Mailing Address
1801 PALM BEACH LAKE BLVD. PALM BEACH MALL WEST PALM BEACH FL 33401	1801 PALM BEACH LAKE BLVD. PALM BEACH MALL WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1993
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
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: 65-0410987 ☐ 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

DESPIAN, RAUL
1830 NE 142ND ST
SUITE 1C
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

91 Name: CARLOS R. QUIROGA
92 Street Address (P.O. Box Number is Not Acceptable): 887 COTTON BAY DR. WEST
93: SUITE 209
94 City: WEST PALM BEACH, FL 95 Zip Code: 33406

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: Carlos Ruiz — CARLOS R. QUIROGA — 04/28/95
(Signature and typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	DESPIAN, RAUL	1.2 NAME	CARLOS R. QUIROGA	
STREET ADDRESS	1830 NE 142ND ST SUITE 1C	1.3 STREET ADDRESS	887 COTTON BAY DR. WEST SUITE 209	
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33406	
TITLE	DV	2.1 TITLE	VICE-PRESIDENT	☐ Change ☐ Addition
NAME	QUIROGA, CARLOS	2.2 NAME	RAUL DESPIAN	
STREET ADDRESS	1001 36 ST., APT. W54R	2.3 STREET ADDRESS	1830 N.E. 142 ST. SUITE 1-C	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	NORTH MIAMI, FL. 33181	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Carlos Ruiz — CARLOS R. QUIROGA — 04/28/95 — (407)684-0502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242000 CP