

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000036459 (4)**

1. Corporation Name

ROOTS OF COLOURS, INC.



Principal Place of Business

**1801 PALM BEACH LAKE BLVD.
PALM BEACH MALL
WEST PALM BEACH FL 33401**

Mailing Address

**1801 PALM BEACH LAKE BLVD.
PALM BEACH MALL
WEST PALM BEACH FL 33401**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/20/1993

3a. Date of Last Report

05/01/1995

4. FET 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

**QUIROGA, CARLOS R
887 COTTON BAY DR. WEST
SUITE 209
WEST PALM BEACH FL 33406**

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

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VP
QUIROGA, CARLOS R
887 COTTON BAY DR. WEST SUITE 209
WEST PALM BEACH FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VP
DESPAN, RAUL
1830 NE 142 ST., SUITE 1-C
NORTH MIAMI FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT ☒ Change ☐ Addition

1.2 NAME STREET ADDRESS CITY-ST-ZIP

1.3 STREET ADDRESS CITY-ST-ZIP

1.4 CITY-ST-ZIP

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.2 NAME STREET ADDRESS CITY-ST-ZIP

2.3 STREET ADDRESS CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.2 NAME STREET ADDRESS CITY-ST-ZIP

3.3 STREET ADDRESS CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.2 NAME STREET ADDRESS CITY-ST-ZIP

4.3 STREET ADDRESS CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.2 NAME STREET ADDRESS CITY-ST-ZIP

5.3 STREET ADDRESS CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.2 NAME STREET ADDRESS CITY-ST-ZIP

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 or changed or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Day/Mo/Year

X 06/11/96

CR2E034 (12/95)