

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

FILED

**Jun 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000010456 (6)
 1. Corporation Name
COLORBUILD, INC.



Principal Place of Business 12955 NW 182ND ST. MIAMI FL 33118	Mailing Address 12955 NW 182ND ST. MIAMI FL 33118
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9855 Shadow Way Suite, Apt. #, etc. 22 1440 City & State 23 Dallas, Texas Zip 24 75243		2a. Mailing Address 26 782 NW Le Jeune Rd Suite, Apt. #, etc. 27 434 City & State 28 Miami, FL Zip 29 33126		3. Date Incorporated or Qualified 02/03/1997	
		4. FEI Number 65-0706716		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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 NUNEZ, FRANCISCO 12955 NW 182ND ST. MIAMI FL 33118				10. Name and Address of New Registered Agent 81 Name Antonio R. Lopez 82 Street Address (P.O. Box Number is Not Acceptable) 782 NW Le Jeune Rd, Suite 434 83 84 City Miami FL 85 Zip Code 33126			
--	--	--	--	--	--	--	--

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]* **06-15-98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUNEZ, FRANCISCO		1.2 NAME Nuñez, Francisco	
STREET ADDRESS 12955 NW 182ND ST. MIAMI FL 33118		1.3 STREET ADDRESS 9855 Shadow Way # 1440 Dallas, Texas. 75243	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUNEZ, MERCEDES		2.2 NAME 9855 Shadow Way # 1440	
STREET ADDRESS 12955 NW 182ND ST. MIAMI FL 33118		2.3 STREET ADDRESS Dallas, Texas 75243	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

[Handwritten Signature]

000002563021
 06/22/98 01082-026
 ***150.00

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.

CR2E034 (10/97)