


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000082886

1. Entity Name
Prisma Colors Corp.



FILED
03 FEB 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200013628372
03/06/03--01050--017 **158.75
DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business <u>8286 NW 66 St</u> Suite, Apt. #, etc.		3. Mailing Address <u>8286 NW 66 St.</u> Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33164</u>	Country <u>USA</u>	Zip <u>33164</u>	Country <u>USA</u>

4. FEI Number <u>65-0864628</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Karla Perez

Street Address (P.O. Box Number is Not Acceptable)
4890 NW 102 Ave # 101

City Miami State FL Zip Code 33178

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Karla Perez DATE 1/31/03

Signature of person or entity in place of registered agent and file if applicable. (NOTE: Registered Agent Signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		
TITLE <u>President</u>	NAME <u>Karla Perez</u>	STREET ADDRESS <u>8286 NW 66 St.</u> CITY-ST-ZIP <u>Miami, FL 33166</u>
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
TITLE <u>Vice - President</u>	NAME <u>Carlos A. Perez</u>	STREET ADDRESS <u>8286 NW 66 St.</u> CITY-ST-ZIP <u>Miami, FL 33166</u>
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like errors corrected.

SIGNATURE: Karla Perez DATE 1/31/03 (305) 639-3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (1/2/02)