

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 11:21

DOCUMENT # **S00116** (1)
1. Corporation Name
CREBEL INTERNATIONAL, CORPORATION

Principal Place of Business Mailing Address
4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146
US **4401 PONCE DE LEON BLVD.**
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/14/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0217069** 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 §. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt #, etc 26. Suite, Apt #, etc
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
CRONIN, MARGA T ===
4401 PONCE DE LEON BLVD =
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81. Name **ROBERT J TERPENING**
82. Street Address (P.O. Box Number is Not Acceptable) **4401 PONCE DE LEON BLVD**
83.
84. City **CORAL GABLES** FL 85. Zip Code **33146**

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 **ROBERT J TERPENING** DATE **5/24/95**
Signature typed or printed name of registered agent and the date of signature. Signature typed or printed name of corporation and the date of registration.

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | PD |
| NAME | DALMAU, JORGE |
| STREET ADDRESS | 4401 PONCE DE LEON BLVD |
| CITY ST ZIP | CORAL GABLES FL |
| TITLE | V |
| NAME | DALMAU, AURORA G |
| STREET ADDRESS | 4401 PONCE DE LEON BLVD |
| CITY ST ZIP | CORAL GABLES FL |
| TITLE | T |
| NAME | DALMAU, JORGE ALBERTO |
| STREET ADDRESS | 4401 PONCE DE LEON BLVD |
| CITY ST ZIP | CORAL GABLES FL |
| TITLE | VS |
| NAME | TERPENING, ROBERT J |
| STREET ADDRESS | 4401 PONCE DE LEON BLVD |
| CITY ST ZIP | CORAL GABLES FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | P/D/C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY ST ZIP | | |
| 2.1 TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY ST ZIP | | |
| 3.1 TITLE | V/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY ST ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY ST ZIP | | |
| 5.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | DALMAU, JAVIER | |
| 5.3 STREET ADDRESS | 4401 PONCE DE LEON BLVD | |
| 5.4 CITY ST ZIP | CORAL GABLES FL | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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)(b), 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: **ROBERT J TERPENING, VP** 5/24/95 [305] 446-5666
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S00324** (1)
1. Corporation Name
HORIZON COLOR GRAPHICS, INC.

Principal Place of Business: **2479 N JOHN YOUNG PKWY ORLANDO FL 32804-1123**
Mailing Address: **2479 N JOHN YOUNG PKWY ORLANDO FL 32804-1123**

2. Principal Place of Business (21) Suite, Apt #, etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt #, etc (27) City & State (28) Zip (29) Country (30)

FILED SECRETARY OF STATE
DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **09/14/1990**
3a. Date of Last Report: **04/12/1994**
4. FEI Number: **59-3036660**
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 § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SOUTHERLAND, MARSHA J.
5919 SIR HENRY ROAD
ORLANDO FL 32808**

10. Name and Address of New Registered Agent
81 Name: **Marsha J. Southerland**
82 Street Address (P.O. Box Number is Not Acceptable): **3525 Shamrock Court**
83 City: **Orlando, FL 32806**
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: Type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when nominating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | D | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOUTHERLAND, MARSHA J. | 1.2 NAME | Marsha J. Southerland |
| STREET ADDRESS | 5919 SIR HENRY ROAD | 1.3 STREET ADDRESS | 3525 Shamrock Ct. |
| CITY ST ZIP | ORLANDO FL | 1.4 CITY ST ZIP | Orlando, FL 32806 |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY ST ZIP | | 2.4 CITY ST ZIP | |
| TITLE | | 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 | | 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 | | 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 | | 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 | |

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 110.07(3)(b), 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: **Marsha J. Southerland** *Marsha J. Southerland* 4/3/95 295-2859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE