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

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

STREET ADDR :SS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 349743 1. Corporation Name

THE PALETTE CREATIVE SUPPLIES, INC.

Mailing Address Principal Place of Business 125 NE 26TH ST 125 NE 26TH ST MIAMI FL 33137 MIAMI FL 33137 DO NOT WRITE IN THIS SPACE 3. Date ir corporated or Qualifed 07/22/1969 App ied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-1269116 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Recuired 22 27 City & State \$5.00 May Be City & State 6. Electio 1 Campaign Financing \Box Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year intangible ☐ Yes []No Personal Property Tax. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KAUFMAN, SIDNEY Street Acdress (P.O. Box Number is Not Acceptable) 125 NE 26 ST MIAMI FL-33137 83 Zip Code 85 84 City 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition □ DELETE ☐ Change 1.1 TITLE TITLE KAUFMAN.SIDNEY 1.2 NAME NAME 125 NE 26 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE ST TITLE 2.2 NAME NAME MEHR, MARGO 2 3 STREET ADDRESS 125 NE 26 ST STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change 3.1 TITLE TITLE CARMEL, ANDREA 3.2 NAME NAME 125 NE 26TH ST 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3 4. CITY-ST-ZIP CITY-ST-ZIF Addition Change ☐ DELETE 4.1 TITLE TITLE WEIMBRUM, GAIL 4.2 NAME NAME 125 NE 26TH ST 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME KAUFMAN, STUART NAME 5.3 STREET ADDRESS 125 NE 26TH STREET STREET ADDRESS 5.4 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE

with an address, with all other like empowered Block 12 or Block 13 if change 1, or on an attachment (KAUFOIAN Kes 4 18/19 305-5 SIGNATURE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 signa ure 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

Apr 29, 1999 8:00 am Secretary of State

FILED

04-29-1999 90133 044 ***150.00

CR2E034 (11/98)