

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -9 AM 9:21

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership COLOR ME MINE FLORIDA 107J, LTD.	1a. DOCUMENT # A96000002125
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Mailing Address 10800 BISCAYNE BOULEVARD - PENTHOUSE MIAMI FL 33161	Principal Office Address 10800 BISCAYNE BOULEVARD - PENTHOUSE MIAMI FL 33161
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 11/15/1996	5a. Capital Contributions as Shown on record. \$10,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions In FLORIDA to date: 0
4. State or Country of Formation FL	6. FEI Number 65-0726509
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent RYAN, NANCY 10800 BISCAYNE BOULEVARD - PENTHOUSE MIAMI FL 33161

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Not Permitted) Suite, Apt. #, etc. City	108002142631--6 04/14/97-01152-010 ***1216.25 ***173.75 FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) CMM FLORIDA 107 J, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10800 BISCAYNE BOULEV	11b. City, State & Zip Code MIAMI FL 33161	11c. Registration/Document Number L96000001211 FF \$173.75 04-14
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE by Color Me Mine, Florida 107J, L.C., by CMM Florida 107J, L.C., General Partner
 by Color Me Mine, Inc., Managing Member. DATE 2/28/97

Typed or Printed Name of General Partner Signing Form By: Alex Guira, CFO. Daytime Telephone Number _____