

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

APPROVED
AND
FILED

DOCUMENT # L12725

(2)

1. Corporation Name

KOLOREDO, INC.

95 MAY -1 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4771 N.W. 72 AVENUE
MIAMI FL 33166
US

Mailing Address

4771 N.W. 72 AVENUE
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/31/1989

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0178523

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. The corporation has ability for interstate tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 450646
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 450646
Suite, Apt. #, etc.

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33245-0646

Country

25 USA

Zip

29 33245-0646

Country

30

9. Name and Address of Current Registered Agent

PIANA, DARIO
4771 N.W. 72 AVENUE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

Miguel G. Farra

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Kaufman, Rossin & Co.

83

2699 So. Bayshore Drive

84 City

Miami

FL

85 Zip Code

33133

11. Pursuant to the provisions of Sections 607.0509 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, typed or printed name of registered agent and title (if agent)

DATE Registered Agent signature required when registering

4/25/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
PIANA, DARIO
4771 N.W. 72 AVENUE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
CITTANTI, ANTONIO
4771 N.W. 72 AVENUE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 199.031(k), Florida Statutes. I further certify that the information indicated on the 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 in an attachment with this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

305 858-5600