

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 JAN 13 AM 10:14

DOCUMENT # L47132

(0)

1. Corporation Name

THOMSON CHROME LAB, INC.

Principal Place of Business

C/O HOWARD THOMSON, JR.
4210 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

Mailing Address

C/O HOWARD THOMSON, JR.
4210 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1990

3a. Date of Last Report

02/24/1994

4. FEI Number

65-0171987

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 S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMSON, HOWARD JR.
4210 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 agent 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 the registered agent

Signature, typed or printed name of registered agent and the registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	THOMSON, BONNIE
STREET ADDRESS	4210 PONCE DE LEON BLVD.
CITY, ST, ZIP	CORAL GABLES FL
TITLE	D
NAME	THOMSON, HOWARD JR.
STREET ADDRESS	4210 PONCE DE LEON BLVD.
CITY, ST, ZIP	CORAL GABLES FL
TITLE	D
NAME	LIND, RICHARD ESQUIRE
STREET ADDRESS	2551 TIGERTRAIL AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	SNYDER, KATHRYN
STREET ADDRESS	310 MADISON AVE., #1007
CITY, ST, ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Add
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Add
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Section 119.07(1)(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 14 of changed, or on an attachment with an address.

SIGNATURE:

HOWARD THOMSON, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1-9-95 305 VY 3-0669

DATE