

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 APR 27 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L56294 (6)**

1. Corporation Name  
**INSTANT TOUCH UP INC.**

Principal Place of Business Mailing Address  
**2 NE 160TH ST 2 NE 160TH ST  
MIAMI FL 33162 MIAMI FL 33162**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/07/1990** 3a. Date of Last Report **05/27/1994**

2. Principal Place of Business 2a. Mailing Address  
21 26

4. FEI Number **65-0174062** Applied For   
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

City & State City & State  
23 28

6. Election Campaign Financing  **\$5.00 May Be  
Added to Fees**

Zip Country Zip Country  
24 25 29 30

7. This corporation has liability for intangible tax under S. 195.032,  
Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of Now Registered Agent**

**ALONSO, ELMY I.  
2 NE 160TH ST.  
MIAMI FL 33162**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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

Registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **DP**  
NAME **ALONSO, ELMY I.**  
STREET ADDRESS **2 NE 160TH ST.**  
CITY - ST - ZIP **MIAMI FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change  Addition

TITLE **DST**  
NAME **ALONSO, DEBORAH**  
STREET ADDRESS **2 NE 160TH ST.**  
CITY - ST - ZIP **MIAMI FL**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change  Addition

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 checked. I am attaching with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELMY I. ALONSO**

**2/9/95**

(Typed Name)