

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

95 MAY 12 11 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M31919** (7)

1. Corporation Name:
TROPICOLOR PHOTO SERVICE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1442 ALTON ROAD MIAMI BEACH FL 33139	1442 ALTON ROAD MIAMI BEACH FL 33139

3. Date Incorporated or Qualified	3a. Date of Last Report
05/12/1986	07/12/1994
4. FEI Number	Applied for
59-2679988	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for employment tax under Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
State Apt. #, etc.	State Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHEN, TSE-DAO 1442 ALTON ROAD MIAMI BEACH FL 33139	B1 Name:
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	B5 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0947 and 607.1508, Florida Statutes, the above named corporation submits the 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 hereby waiving the obligations of Section 607.0945, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or Registered Agent) _____ (Signature of Registered Agent or Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	DP CHEN, TSE-DAO 1442 ALTON RD MIAMI BEACH FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
OFFICER	STD TSE-SHIEN, CHIEN 1442 ALTON RD. MIAMI BCH FL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY & STATE		8. CITY & STATE	
OFFICER	D CHEN, CHUNG-DAR 1442 ALTON RD. MIAMI BCH FL	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
OFFICER		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
OFFICER		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Sections 607.0947, 607.1508, Florida Statutes. I further certify that the information included 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. This filing shall be effective for the corporation or the registered agent designated by me on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this filing as the agent or an attachment with no address.

SIGNATURE: *Chien Tse-Dao* 1/13/95 305 672-3720
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR