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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mort Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000045604 (4)					
1. Corporation Name OMNI COLORS, INC.					
Principal Place of Business 3371 N.W. 168 ST. MIAMI FL 33056 US			Mailing Address 3371 N.W. 168 ST. MIAMI FL 33056-4229 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/28/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 04/30/1996	
City & State 23		City & State 28		4. FEI Number 65-0417279	
Zip 24		Country 25		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23		City & State 28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24		Country 25		9. Name and Address of Current Registered Agent FLEURY, KEVIN J 3371 N.W. 168 ST. MIAMI FL 33056	
City & State 23		City & State 28		10. Name and Address of New Registered Agent	
Zip 24		Country 25		1. Name	
City & State 23		City & State 28		2. Street Address (P.O. Box Number is Not Acceptable)	
Zip 24		Country 25		3.	
City & State 23		City & State 28		4. City FL 85 Zip Code	
Zip 24		Country 25		11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 applicable (NOTE: Registered agent signature required when reinstating)		DATE		DATE	
12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kevin Fleury* Kevin Fleury

6/27/97 (305) 620-6133