

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000050312 (6)

1. Corporation Name

INTERNATIONAL COLOR POSTERS, INC.



Principal Place of Business

10050 NW 116 WAY  
MEDLEY FL 33178

Mailing Address

8 WRIGLEY  
IRVINE CA 92718  
US

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GUERINEAU, STEPHANE  
10050 NW 116TH WAY  
MEDLEY FL 33178

3. Date Incorporated or Qualified  
07/19/1993

3a. Date of Last Report  
03/22/1995

4. FEI Number  
65-0427428

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

10. Name and Address of New Registered Agent

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

Signature of the Registered Agent (signatures required for all types of changes)

Signature of the Registered Agent (signatures required for all types of changes)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D

☐ DELETE

NAME

GUERINEAU, STEPHANE  
10050 NW 116 WAY  
MEDLEY FL 33178

STREET ADDRESS

CITY-STATE

1. TITLE

NAME

STREET ADDRESS

CITY-STATE

1. TITLE

NAME

STREET ADDRESS

CITY-STATE

1. TITLE

NAME

STREET ADDRESS

CITY-STATE

1. TITLE

NAME

STREET ADDRESS

CITY-STATE

1. TITLE

NAME

STREET ADDRESS

CITY-STATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 changed. I enclose an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

305-863-9977

CR2E034 (12/95)