

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

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000013654 (6) 1. Corporation Name: NEW COLOURS, INC.			

APPROVED
AND
FILED
95 MAY -1 AM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 410 FLEMING ST KEY WEST FL 33040	Mailing Address C/O RICHARD OMANA 255 W. 24TH STREET FRONT DESK MIAMI BEACH FL 33140
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. State: Apt. # 22. City & State		28. Mailing Address 26. State: Apt. # 27. City & State		3. Date of Incorporation or Qualification 02/18/1994	3a. Date of Last Report 12/06/1994
24. State: 25. City & State		29. State: 30. City & State		4. FCI Number APPLIED FOR 65-0475279	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		6. Election Campaigns Financing Trust Fund Contribution ☐	
\$5.00 May Be Added to Fees		8. Does corporation have liability for delinquent tax under 1975 Florida Statutes? ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent OMANA, RICHARD R 255 W. 24TH STREET C/O FRONT DESK MIAMI BEACH FL 33140				10. Name and Address of New Registered Agent B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City FL B5. Zip Code	
---	--	--	--	--	--

11. I, the undersigned, a duly qualified officer or director of the corporation, certify that the information furnished herein is true and correct, and that the corporation is in compliance with the provisions of Chapter 472, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 472, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS NAME: D OMANA, RICHARD R STREET ADDRESS: 255 W. 24TH ST. C/O FRONT DESK CITY: MIAMI BEACH FL 33140		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS NAME: _____ STREET ADDRESS: _____ CITY: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ NAME: _____ STREET ADDRESS: _____ CITY: _____	
---	--	---	--

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 472.02, Florida Statutes, and that the information is true and correct, and that the corporation is in compliance with the provisions of Chapter 472, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 472, Florida Statutes.

SIGNATURE:  **RICHARD R. OMANA - Director** 4/30/95 305-673-0848
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR