## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013654 (6)

NEW COLOURS, INC.

2. Principal Place of Business

25

Sulte, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Principal Place of Business	Mailing Address
255 W. 24TH STREET	255 W. 24TH STREET
C/O FRONT DESK	C/O FRONT DESK

2a. Mailing Address

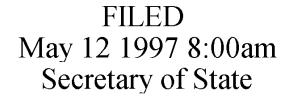
City & State

Suite, Apt. #, etc.

26

27

29





Yes X No

8. This corporation has liability for intangible tax under s. 199.032,

3a, Date of Last Report 10/09/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

02/18/1994

65-0475279

Florida Statutes

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

g, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
OMANA, RICHARD R			61	Name			
255 W. 24TH STREET			82	Ctroot	Address /B.O. Barribly above in Net Assessable)		
C/O FRONT DESK			82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI BEACH FL 33140			63				
	in management of the	ļ	_1				
		ŀ	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, typed or printed name of registered agent and title if applicable. (NOTE: Ricg stored Agent signature required when reinstating) (DATE							
12,	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S DELETE	1.1.10	1.1 101.5		Change Addition		
NAME	OMANA, RICHARD R	1.2 NAME					
STREET ADDRESS	255 W. 24TH ST. C/O FRONT DESK	1.3 STRE		ADDRESS	·		
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP		· ZIP			
TITLE	PT DELETE	2.1 TITLE			Change Addition		
NAME	remes, James M	2.2 NAME					
STREET ADDRESS	255 W. 24TH STREET	2.3 STREE		ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY - \$1 - 7IP		1-7(P			
TITLE	☐ DELETE	3.1 TiTLE		······································	. Change Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP		3.4. CITY - ST- ZIP		T- 21P			
TITLE	DELETE	4.1 TITLE			Change Addition		
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET AS		ADDRESS			
CITY-ST-ZIP		4.4 CIT	Y-ST	1 - ZIP			
TITLE	DELETE	5.1 111	LF		Change Addition		
NAME		5.2 NA	ME				
STREET ADDRESS		5.3 STI	REFT .	ADDRESS	·		
CITY-ST-ZIP		5.4 CIT	[Y-S]	I - ZIP			
TITLE	DELETE	61 TITLE			Change Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET		ADDRES\$			
CITY-ST-ZIP		6.4 CITY-S1		I - <b>7</b> IP	· • 1		
14. I do hereby certify that the information supplied with this filling does not qualify for the 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 offect as if made under oath; that							
I am an officer of 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 or on an attachment with an address.							

Country

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