

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028661 (3)

1. Corporation Name

TRI-COLOUR PRODUCTIONS, INC.



Principal Place of Business

**1717 NO. BAYSHORE DRIVE STE 3448
MIAMI FL 33132**

Mailing Address

**1717 NO. BAYSHORE DRIVE STE 3448
MIAMI FL 33132**

2. Principal Place of Business

21 **SAME AS ABOVE**

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 **SAME AS ABOVE**

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**FOUCARD, ALEXANDRA
1717 NO. BAYSHORE DRIVE STE 3448
MIAMI FL 33132**

3. Date Incorporated or Qualified

04/12/1995

3a. Date of Last Report

4. FCI Number

65-0573079

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

SAME AS ABOVE

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 607.1506, 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 (Block 12)

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

**D
FOUCARD, ALEXANDRA
1717 NO. BAYSHORE DRIVE STE 3448
MIAMI FL 33132**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. 1 TITLE Change Addition

2. 2 NAME

3. 3 STREET ADDRESS

4. 4 CITY - ST - ZIP

5. 5 TITLE Change Addition

6. 6 NAME

7. 7 STREET ADDRESS

8. 8 CITY - ST - ZIP

9. 9 TITLE Change Addition

10. 10 NAME

11. 11 STREET ADDRESS

12. 12 CITY - ST - ZIP

13. 13 TITLE Change Addition

14. 14 NAME

15. 15 STREET ADDRESS

16. 16 CITY - ST - ZIP

17. 17 TITLE Change Addition

18. 18 NAME

19. 19 STREET ADDRESS

20. 20 CITY - ST - ZIP

21. 21 TITLE Change Addition

22. 22 NAME

23. 23 STREET ADDRESS

24. 24 CITY - ST - ZIP

25. 25 TITLE Change Addition

26. 26 NAME

27. 27 STREET ADDRESS

28. 28 CITY - ST - ZIP

29. 29 TITLE Change Addition

30. 30 NAME

31. 31 STREET ADDRESS

32. 32 CITY - ST - ZIP

33. 33 TITLE Change Addition

34. 34 NAME

35. 35 STREET ADDRESS

36. 36 CITY - ST - ZIP

14. I do 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)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/96

(305) 573-6003

CR2E034 (12/95)