

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000079356 (8)

1. Corporation Name

ZRB COLOR SPLASH, INC.



Principal Place of Business

8107 SW 23RD CT., UNIT 29-D
FT. LAUDERDALE FL 33068

Mailing Address

8107 SW 23RD CT., UNIT 29-D
FT. LAUDERDALE FL 33068

3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8107 S.W. 23 RD CT.

26 8107 S.W. 23RD CT

4. FEI Number

65-0617765 [081012]

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 UNIT 29-D

27 UNIT 29-D

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 City & State

28 City & State

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

23 FT LAUDERDALE FL

28 FT LAUDERDALE FL

24 Zip

25 Country

29 Zip

30 Country

24 33068

25 Broward

29 33068

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, HECTOR

8107 SW 23RD CT., UNIT 29-D
FT. LAUDERDALE FL 33068

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 typed or printed name of registered agent and director, if applicable

Signature typed or printed name of registered agent and director, if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PEREZ, HECTOR
STREET ADDRESS 8107 SW 23RD CT., UNIT 29-D
CITY-ST-ZIP FT. LAUDERDALE FL 33068

TITLE D
NAME PEREZ, ZAIDA
STREET ADDRESS 8107 SW 23RD CT., UNIT 29-D
CITY-ST-ZIP FT. LAUDERDALE FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Hector Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96 (54) 721-0675
Date Daytime Phone

CR2E034 (12/95)