

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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000075016 (0)

1. Corporation Name

COSTA COLOR CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
22290 SW 162 AVE  
GOULDS FL 33170

Mailing Address  
22290 SW 162 AVE  
GOULDS FL 33170

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
08/28/1997  
4. FEI Number  
05-0779371  
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, PA  
101 MADEIRA AVE  
CORAL GABLES FL 33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Jose A. Costa
STREET ADDRESS		1.3 STREET ADDRESS	22290 SW. 162 Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	GOULDS, FL 33170
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Maria E. Costa
STREET ADDRESS		2.3 STREET ADDRESS	22290 SW 162 Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	GOULDS, FL 33170
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Maria Costa Smith
STREET ADDRESS		3.3 STREET ADDRESS	22290 S.W. 162 Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	GOULDS, FL 33170
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Jose I. Smith
STREET ADDRESS		4.3 STREET ADDRESS	22290 S.W. 162 Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GOULDS, FL 33170
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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:

CR2E034 (10/97)