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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State -DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000090856 (0)

COLORS OF ART INTERNATIONAL DISTRIBUTORS, INC.

**FILED** Feb 18 1998 8:00am Secretary of State



					_{
Principal Plac	e of Business	Mailing Address			
5445 COLLINS		5445 COLLINS AVE., THIS			
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
			•		10/22/1997
2. Principal P	Place of Businessy	2a. Mailing Address	<u> </u>	411-	4. FEI Namber
21 418 1	representan All	26 AIR WAShin	e tou	AVE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1		5. Certificate of Status Desired Security Securi
22		27			5. Certificate of Status Desired Fee Required
City & Stat		City & State	" RÁ	roch &	6. Election Campaign Financing\$5.00 May Be
23 MIAM		28 MATA		ac y c n	Trust Fund Contribution
24 3312	Country	Zip - 3 4	Country	-A	8. This corporation owes or has paid the current year intangible
24 0010		29 33/3 T 30			Personal Property Tax due June 30. Yes No.
	9. Name and Address of Curren	t Hegistered Agent	61	Nome	10. Name and Address of New Registered Agent
CAHAN, HICHAHU J				Ivanie	
5201 BLUE LAGOÔN DR., STE. 100				Street Addre	ess (P.O. Box Number is Not Acceptable)
MIA	MI FL 33126				
			83		
			84	City	85 Zip Code
					FL!
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statutes, of Florida, Such change was auti	the abov	e-named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statute	s.	5,75 5544 57 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5
SIGNATURE					
	Signature, typed or printed name of registered age			ent signature require	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE		☐ cliange ☐ Addition
NAME	GAETA, SALVADOR		1.2 NAME	İ	
STREET ADDRESS	419 WASHINGTON AVE.		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	Doc es	1.4 CITY - :	ST-ZIP	Change L Addition
TITLE	0	☐ DELETE	2.1 TITLE		Change Addition
NAME	SANTAGATI, GIAFRANCO		2.2 NAME		
STREET ADDRESS	1420 OCEAN DR., APT. 1A		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	i	Change Addition
NAME		,	3.2 NAME		
STREET ADORESS		1	3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4, CITY -	ST-ZIP	
TITLE	1	∟ DELETE	4.1 TITLE		☐ Change ☐ Addition
NÀME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY -	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP			6.4 CITY-		
14 I horeby	certify that the information supplied w	ith this filing does not qualify for t	he exemp	otion stated in S	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 it made under oath; that I am all 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.

NOTES OF POSSIBLE