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FILED
Feb 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000009026

1. Corporation Name

BEAUTIFUL COLORS, INC.

Principal Place of Business

~~8040 LAKE POINTE DRIVE~~
~~PLANTATION FL 33322~~

Mailing Address

~~8040 LAKE POINTE DRIVE~~
~~PLANTATION FL 33322~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1998

4. FEI Number
65-0822518

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7306 N.W. 60th Street

Suite, Apt. #, etc.

22
City & State
23 Tamarac, Florida

24 Zip Country
33321 Broward

2a. Mailing Address

26 7306 N.W. 60th Street

Suite, Apt. #, etc.

27
City & State
28 Tamarac, Florida

29 Zip Country
33321 Broward

9. Name and Address of Current Registered Agent

~~INCORPORATORS PLUS, INC.~~
~~1214 N. UNIVERSITY DRIVE~~
~~PLANTATION FL 33322~~

10. Name and Address of New Registered Agent

81 Name
Daniel Francavilla
82 Street Address (P.O. Box Number is Not Acceptable)
7306 N.W. 60th Street
83
84 City Tamarac FL 85 Zip Code 33321

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

Daniel Francavilla, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME FRANCAVILLA, DANIEL
STREET ADDRESS ~~8040 LAKE POINTE DRIVE~~
CITY-ST-ZIP ~~PLANTATION FL 33322~~

TITLE D ☐ DELETE

NAME RAMPONI, MARCELA
STREET ADDRESS ~~8040 LAKE POINTE DRIVE~~
CITY-ST-ZIP ~~PLANTATION FL 33322~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE D/P
1.2 NAME Daniel Francavilla
1.3 STREET ADDRESS 7306 N.W. 60th Street
1.4 CITY-ST-ZIP Tamarac, FL 33321

2.1 TITLE D/S/T ☒ Change ☐ Addition

2.2 NAME Marcela Ramponi
2.3 STREET ADDRESS 7306 N.W. 60th Street
2.4 CITY-ST-ZIP Tamarac, FL 33321

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Daniel Francavilla, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)