FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 22 PM 12:15

TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # S59262 (3)

1. Current Name
COLORS INC. OF FORT LAUDERDALE

Current Principal Place of Business	Mailing Address
7041 SW 21 PL BLDG 4 DAVIE FL 33317 US	7041 SW 21 PL BLDG 4 DAVIE FL 33317 US

PLEASE WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 06/13/1991
3a. Date First Report: 06/30/1994

4. FEI Number: 65-0262183 — 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. Does this entity own real property in Florida? Yes ☒ No ☐

9. Name and Address of Current Registered Agent

PENCE, RONALD
13240 S.W. 32ND COURT
DAVIE FL 33330

10. Name and Address of New Registered Agent

81 Name: ROSS TRAGER CPA
82 Street Address (P.O. Box Number Not Acceptable):
83: 1000 N. HIGGINS ROAD
84 City: PEMBROKE PINES 85 State: FL 86 Zip: 33026

11. Signature: Ron Pence 1/18/95

12. OFFICERS AND DIRECTORS

DP
PENCE, RONALD
13240 S.W. 32 COURT
DAVIE FL

DV
ZOPHRES, WILLIAM C.
220 N. FIG TREE LANE
PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete and accurate, and that I am executing this report in accordance with Section 607.193, Florida Statutes. I further certify that I am familiar with and authorized to execute this report on behalf of the corporation or limited partnership named herein, as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an address.

SIGNATURE: Ron Pence 4/25/95 305-423-8003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0227313 CP

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DIVISION OF CORPORATIONS

APPROVED AND FILED
[illegible] 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59972 (7)

1. Corporation Name
AMALFI'S ITALIAN RESTAURANT INC.

Principal Place of Business
6149 WESTWOOD BLVD.
ORLANDO FL 32821-8083

Mailing Address
6149 WESTWOOD BLVD.
ORLANDO FL 32821-8083

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1991
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 / 29
Country: 25 / 30

4. FEI Number: 59-3068398 ☐ 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

9. Name and Address of Current Registered Agent

NAVARRA, ANTONIO
6149 WESTWOOD BLVD.
ORLANDO FL 32819

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.		13.		
TITLE	VD	1 TITLE	VD	☒ Change ☐ Addition
NAME	NAVARRA, ANTONIO	1 NAME	NAVARRA, ANTONIO	
STREET ADDRESS	~~5412 SPRINGRUN AVE~~	1 STREET ADDRESS	10000 N. FULTON CT.	
CITY-ST-ZIP	~~ORLANDO FL~~	1 CITY-ST-ZIP	ORLANDO, FL. 32836	
TITLE	PD	2 TITLE	PD	☒ Change ☐ Addition
NAME	NAVARRA, JOSEPINE	2 NAME	NAVARRA, JOSEPHINE	
STREET ADDRESS	~~5412 SPRINGRUN AVE~~	2 STREET ADDRESS	10000 N. FULTON CT.	
CITY-ST-ZIP	~~ORLANDO FL~~	2 CITY-ST-ZIP	ORLANDO, FL. 32836	
TITLE		3 TITLE		☐ Change ☐ Addition
NAME		3 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP		3 CITY-ST-ZIP		
TITLE		4 TITLE		☐ Change ☐ Addition
NAME		4 NAME		
STREET ADDRESS		4 STREET ADDRESS		
CITY-ST-ZIP		4 CITY-ST-ZIP		
TITLE		5 TITLE		☐ Change ☐ Addition
NAME		5 NAME		
STREET ADDRESS		5 STREET ADDRESS		
CITY-ST-ZIP		5 CITY-ST-ZIP		
TITLE		6 TITLE		☐ Change ☐ Addition
NAME		6 NAME		
STREET ADDRESS		6 STREET ADDRESS		
CITY-ST-ZIP		6 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)(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: X Antonio Navarra / JOSEPHINE NAVARRA 5/1/95 407-354-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084418 CP