FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V06457 (8)

1. Corporation Name
A.B.C. COLOR CORPORATION

Principal Place of Business	Mailing Address
13424 S.W. 62ND STREET UNIT P103 MIAMI FL	13424 S.W. 62ND STREET UNIT P103 MIAMI FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1992
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0305685 ☐ Applied For ☐ Not Applicable
21 6415 S.W. 116 Place	26 6415 S.W 116th Place	
Suite, Apt. #, etc. 22 "A"	Suite, Apt. #, etc. 27 "A"	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Miami Florida	City & State 28 Miami Florida	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 33173 / 25 USA	Zip / Country 29 33173 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	HERRERA, FERNANDO	1.2 NAME	
STREET ADDRESS	13424 S.W. 62ND STREET 6415 S.W 116 Place A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HERRERA, FERNANDO	2.2 NAME	
STREET ADDRESS	~~13424 S.W. 62ND STREET~~ 6415 S.W 116 Place A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	HERRERA, MARIA GRAZIA 6415 S.W 116 Place A	3.2 NAME	
STREET ADDRESS	~~13424 S.W. 62ND STREET~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ 4/18/95 305-225-1492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000100 CP