

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # V56290 (2)**  
 1. Corporation Name  
**COLOURS DESTINATIONS INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**C/O FRONT DESK 255 WEST 24TH STREET MIAMI BEACH FL 33140**  
**C/O RICHARD OMANA 255 W. 24TH STREET MIAMI BEACH FL 33140-4609**

3. Date Incorporated or Qualified **08/10/1992** 3a. Date of Last Report **10/09/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.		<b>65-0414070</b>		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>23</b> City & State		<b>28</b> City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
<b>24</b> Zip		<b>25</b> Country		<b>29</b> Zip		<b>30</b> Country	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>OMANA, RICHARD R 255 W. 24TH ST C/O FRONT DESK MIAMI BEACH FL 33140</b>				<b>81</b> Name			
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
				<b>83</b>			
				<b>84</b> City			
				<b>FL</b> <b>85</b> 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.							

**g. Name and Address of Current Registered Agent**  
**OMANA, RICHARD R**  
**255 W. 24TH ST**  
**C/O FRONT DESK**  
**MIAMI BEACH FL 33140**

**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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S OMANA, RICHARD R</b>	1.2 NAME	
STREET ADDRESS	<b>255 W. 24TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PT REMES, JAMES M</b>	2.2 NAME	
STREET ADDRESS	<b>255 W. 24TH STREET (C/O FRONT DESK)</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 do 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: *[Signature]* **4/28/97** **305-6730848**

CP2E034 (9/96)