

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 AUG 30 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # V61720 (1)

1. Corporation Name

SUPER COLOR LAB., INC.

Principal Place of Business

33 NW 37TH AVE.
MIAMI FL 33125
US

Mailing Address

33 NW 37 AVE.
MIAMI FL 33125
US

2. Principal Place of Business

21 1600 W. Flagler ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33135

Country

25 DADE

2a. Mailing Address

26 1600 W. Flagler ST

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 33135

Country

30 DADE

9. Name and Address of Current Registered Agent

CRUZ, FROILAN G.
17211 N.W. 82ND COURT
MIAMI FL 33015

3. Date Incorporated or Qualified

09/02/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0355319

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

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

Signature typed or printed name of registered agent, if any, for this filing.

NOTE: Registered Agent signature required when making change.

DATE

12. OFFICERS AND DIRECTORS

TITLE

PO
NAME CRUZ, FROILAN G.
STREET ADDRESS 17211 NW 82ND COURT
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE

STD
NAME BETANCOURT, NOEL
STREET ADDRESS 490 E. 43RD STREET
CITY-ST-ZIP HIALEAH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

700001942577
-09/09/96--01020--015
*****233.75 *****233.75

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FROILAN CRUZ

7/20/96

(205) 642 9766

CR2E034 (12/95)