

**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**

**DOCUMENT # V61720 (1)**

1. Corporation Name  
**SUPER COLOR LAB., INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **33 NW 37TH AVE. MIAMI FL 33125 US**  
Mailing Address: **33 NW 37 AVE. MIAMI FL 33125 US**

3. Date Incorporated or Qualified: **09/02/1992**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0355319**  
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

2. Principal Place of Business  
21 **1600 W. Flagler ST**  
22 Suite, Apt. #, etc.  
23 **MIAMI, FLORIDA**  
24 **33135** 25 **DADE**  
2a. Mailing Address  
26 **1600 W. Flagler ST**  
27 Suite, Apt. #, etc.  
28 **MIAMI, FLORIDA**  
29 **33135** 30 **DADE**

9. Name and Address of Current Registered Agent  
**CRUZ, FROILAN G.  
17211 N.W. 82ND COURT  
MIAMI FL 33015**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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, if applicable. (NOTE: Registered Agent signature required when necessary.)

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>	<input type="checkbox"/> DELETE
NAME	<b>CRUZ, FROILAN G.</b>	
STREET ADDRESS	<b>17211 NW 82ND COURT</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>BETANCOURT, NOEL</b>	
STREET ADDRESS	<b>490 E. 43RD STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>700001942977</b>	
13 STREET ADDRESS	<b>-09/09/96--01020--015</b>	
14 CITY- ST- ZIP	<b>****233.75 ****233.75</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 199.07(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: **FROILAN CRUZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/96**  
**(205) 642 9766**

CR2E034 (12/95)