

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

**FILED**  
**Feb 25 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 # 476007 (0)**  
 1. Corporation Name  
**RAINBOW MILLS DYEING & FINISHING, INC.**



Principal Place of Business  
**5100 NW 185TH ST  
 MIAMI FL 33014-3303**

Mailing Address  
**1875 MCCARTER HWY  
 NEWARK NJ 07104-4211  
 US**

3. Date Incorporated or Qualified  
**05/09/1975**

3a. Date of Last Report  
**04/09/1996**

4. FEI Number  
**59-1592469**

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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

**9. Name and Address of Current Registered Agent**  
**CORPORATE CREATIONS ENTERPRISES INC.**  
**4521 PGA BLVD.**  
**SUITE 211**  
**PALM BEACH FL 33418**

**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  
**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SAFER, ALBERT</b>	
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	
CITY-ST-ZIP	<b>NEWARK NJ</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HERMANN, STEVEN</b>	
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	
CITY-ST-ZIP	<b>NEWARK NJ</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>NEUER, PHILIP</b>	
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	
CITY-ST-ZIP	<b>NEWARK NJ</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HEMMING, AL</b>	
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	
CITY-ST-ZIP	<b>NEWARK NJ</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SAFER, SYLVIA</b>	
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	
CITY-ST-ZIP	<b>NEWARK NJ</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>NEURER, PHILIP D.</b>	
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	
CITY-ST-ZIP	<b>NEWARK NJ</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 \_\_\_\_\_ **SECRETARY** 305-624-2112  
 Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (9/96)