

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

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 476007 (0)**  
 1. Corporation Name  
**RAINBOW MILLS DYEING & FINISHING, INC.**



Principal Place of Business <b>5100 NW 165TH ST                  MIAMI FL 33014-3303</b>	Mailing Address <b>1875 MCCARTER HWY                  NEWARK NJ 07104                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified <b>05/09/1975</b>	
4. FEI Number <b>59-1592469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

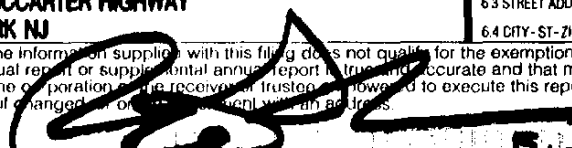
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>P SAFER, ALBERT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWARK NJ</b>	1.4 CITY-ST-ZIP	
	<b>V HERMANN, STEVEN</b>	2.1 TITLE	<b>Senior Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	2.2 NAME	
CITY-ST-ZIP	<b>NEWARK NJ</b>	2.3 STREET ADDRESS	
	<b>V NEUER, PHILIP</b>	2.4 CITY-ST-ZIP	
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	3.1 TITLE	<b>Executive Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<b>NEWARK NJ</b>	3.2 NAME	
	<b>T HEMMING, AL</b>	3.3 STREET ADDRESS	
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	<b>NEWARK NJ</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>S SAFER, SYLVIA</b>	4.2 NAME	
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWARK NJ</b>	4.4 CITY-ST-ZIP	
	<b>S NEURER, PHILIP D.</b>	5.1 TITLE	<b>Assistant Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1875 MCCARTER HIGHWAY</b>	5.2 NAME	
CITY-ST-ZIP	<b>NEWARK NJ</b>	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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 omitted from the previous year's filing.

SIGNATURE:  **E. J. P.** 3/12/98 (973) 482-0840

CF2E034 (10/97)