

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

FILED

97 SEP -9 AM 11:10

①

**DOCUMENT # P94000055230 (4)**

1. Corporation Name  
**RAINBOW TRADING ENTERPRISES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**42 S. 15TH STREET, SUITE 1420  
PHILADELPHIA PA 19102**

Mailing Address  
**42 S. 15TH STREET, SUITE 1420  
PHILADELPHIA PA 19102**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>6135 NW 167<sup>th</sup> St</b>		26 <b>6135 NW 167<sup>th</sup> St</b>		07/26/1994		04/22/1996	
22 Suite, Apt. #, etc. <b>E-2</b>		27 Suite, Apt. #, etc. <b>E-2</b>		4. FEI Number		Applied For	
23 City & State <b>Miami, FL</b>		28 City & State <b>Miami, Florida</b>		23-2776052		Not Applicable	
24 Zip <b>33015</b>		29 Zip <b>33015</b>		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country <b>DADE</b>		30 Country <b>DADE</b>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>		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**

**ROBERT A. STONE  
KAUFMAN, ROSSIN CO.  
2699 S. BAYSHORE DRIVE  
MIAMI FL 33133**

**10. Name and Address of New Registered Agent**

81 Name **HENRY BLEIER CPA PA**  
82 Street Address (P.O. Box Number is Not Acceptable) **2699 Stirling Rd C-307**  
83  
84 City **Ft Lauderdale** FL 85 Zip Code **33312**

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 607.0506, Florida Statutes.

SIGNATURE *[Signature]*

8-27-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TOLAN, ELLIOTT</b>	
STREET ADDRESS	<b>42 S. 15TH STREET, SUITE 1420</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19102</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>FRED E GOLDSTEIN</b>	
STREET ADDRESS	<b>6135 NW 167<sup>th</sup> St</b>	
CITY-ST-ZIP	<b>Miami, FL 33015</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**

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 checked="" type="checkbox"/> Addition
2.2 NAME	<b>PRESIDENT FRED E GOLDSTEIN</b>
2.3 STREET ADDRESS	<b>6135 NW 167<sup>th</sup> St SUITE E-1</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33015</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>000002281130</b>
3.3 STREET ADDRESS	<b>-09/11/97--01123--021</b>
3.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
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]*

8-13-97 305-557-4200

CR2E034 (4/97)

2

FLORIDA DEPT OF STATE  
DIVISIONS OF CORPORATIONS  
ANNUAL REPORTS SECTION  
P.O. BOX 1500  
TALLAHASSEE, FL. 32302-1500

RAINBOW TRADING ENTERPRISES, INC.  
6135 NW 167TH STREET  
SUITE E-1  
MIAMI, FLORIDA 33015

8/13/97

DEAR MS. MORTHAM,

I AM WRITING YOU THIS LETTER TO LET YOU KNOW THAT I NEVER RECEIVED THE FIRST NOTICE OF 1997 PROFIT CORPORATION ANNUAL REPORT PACKET. THE SECOND NOTICE WAS RECEIVED ON AUGUST 10TH. I DON'T KNOW WHY THE FIRST PACKET WAS NEVER RECEIVED. I AM SORRY FOR ANY INCONVIENCE.

SINCERELY,



FRED E. GOLDSTEIN