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95 MAY - 1 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 271861 (7)
1. Corporation Name
RAINBOW JEWELRY INC

Principal Place of Business Mailing Address
1036 SW FIRST ST 1036 SW 1 ST
MIAMI FL 33130 MIAMI FL 33130
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1963
3a. Date of Last Report 05/01/1994
4. FEI Number 59-1008908 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
6. This corporation has liability for intangible tax under S. 189.052, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICE
CANTERA ASSOC INC.
1036 SW 1 ST
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **1036 S.W. 1 ST.**
83
84 City **MIAMI** 85 Zip Code **FL 33130**

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]* **AMADA C. LOPEZ, PRES** 4/27/95
(Signature typed or printed name of registered agent or officer or director) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORJIAN, JAKO	1.2 NAME	
STREET ADDRESS	8777 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	1.4 CITY, ST, ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORJIAN, CLARA	2.2 NAME	
STREET ADDRESS	8777 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORJIAN, SAMUEL	3.2 NAME	40000146642854 on
STREET ADDRESS	1927 NE 119TH ROAD	3.3 STREET ADDRESS	-05/03/95--01163--010
CITY, ST, ZIP	NORTH MIAMI FL	3.4 CITY, ST, ZIP	****200.00 ****200.00
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 110.07(3)(b), 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]* 4/27/95 305) 5458686
(Signature typed or printed name of officer or director) DATE Telephone Number

JAKO MORJIAN *[Signature]*