## 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

**DOCUMENT #** 

Principal Place of Business

271861

(7)

RAINBOW JEWELRY INC

Mailing Address

APPROVED : :
AND
FILED

96 MAY -1 PM 1: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Cartificate of Status Desired   S8.75 Additional Fee Required	1036 SW FII MIAMI FL 33 US		1036 SW FIRST ST Miami FL 33130 US			Date incorporated or Qualified     07/15/1963	3a. Date of Last Re 05/01/19	•	
Suite, Apt. #, etc.    Suite, Apt. #, etc.			L				k		
City & State   State   City & Stat						59-1008908			
MIAMI FLORIDA, 28 MIAMI FLORIDA, Trust Fund Contribution Added to Fees  Zip Country Zip Country Added to Fees  3 3145 25 US. 29 33145 30 US. Final corporation has labelity for intemplate as under s 199.032, plant and address of Current Registered Agent  FLORIDA ANNUAL REPORT SERVICES INC 1036 S.W. 1 ST. MIAMI FL 33130  B1 Name and Address of New Registered Agent  FLORIDA ANNUAL REPORT SERVICES INC 1036 S.W. 1 ST. MIAMI FL 33130  B1 Name FLORIDA ANNUAL REPORT SERVICES, INC.  B2 Stope Address P O. Box Number is Not Acceptable. J. No. 1 St. MIAMI FL 33130  B1 Name PLORIDA ANNUAL REPORT SERVICES, INC.  B2 Stope Address P O. Box Number is Not Acceptable. J. No. 1 St. MIAMI FL 33130  B1 Name PLORIDA ANNUAL REPORT SERVICES, INC.  B2 Stope Address P O. Box Number is Not Acceptable. J. No. 1 St. MIAMI FL 33130  B1 Name PLORIDA ANNUAL REPORT SERVICES, INC.  B1 Name PLORIDA ANNUAL REPORT SERVICES, INC.  B2 Stope Address P O. Box Number is Not Acceptable. J. No. 1 St. MIAMI FL 33130  B1 Name PLORIDA ANNUAL REPORT SERVICES, INC.  B2 Stope Address P O. Box Number is Not Acceptable. J. No. 1 St. MIAMI FL 33140  B1 Name PLORIDA ANNUAL REPORT SERVICES, INC.  B1 Name PLOR	22	, etc.	27				Fee I	Required	
9. Name and Address of Current Registered Agent  FLORIDA ANNUAL REPORT SERVICES INC 1038 S.W. 1 ST. MIAMI FL 33130  11. Pursuant to the provider of Sections 607.0502 and 607.		FLORIDA,	THE NET AND THE ON	28 MIAMI FLORIDA,		Trust Fund Contribution Added to Fees			
8. Name and Address of Current Registered Agent  FLORIDA ANNUAL REPORT SERVICES INC 1036 S.W. 1 ST.  MIAMI FL 33130  11. Pursuant to this properties 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 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 AMADA CANTERA LOPEZ. PRES  SIGNATURE Symbol protection of the properties of the state of Florida Statutes. The above named corporation's board of directors. I hereby accept the appointment as registered agent. I am AMADA CANTERA LOPEZ. PRES  SIGNATURE Symbol protection of the state of Florida Statutes. The above named corporation's board of directors. I hereby accept the appointment as registered agent. I am AMADA CANTERA LOPEZ. PRES  INC.  AMADA CANTERA LOPEZ. PRES  POTITION OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. Initial Directors in a state of the state of Florida Statutes. The above registered agent and registered agen		harry .	harreng .						
FLORIDA ANNUAL REPORT SERVICES INC 1036 S.W. 1 ST. MIAMI FL 33130  82 Store Address P.O. Box Number is Not Acceptable)  83 Cty MIAMI	24 <u>33145</u>			[30] 08	<u> </u>				
FLORIDA ANNUAL REPORT SERVICES INC  1036 S.W. 1 ST.  MIAMI FL 33130  B3  B4  City TAMT  FL  B5  Zip Code 33145  11. Pursuant to the projection of Sections 607,0502 and 60-1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agen, or poil, in the State of Florida Systeh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familie with the state of the Code Systeh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familie with the state of the Code System of Code System Statutes.  SIGNATURE  Signature  ANADA CANTERA LOPEZ. PRES  ANADA CANTERA LOPEZ. PRES  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12.  OFFICERS AND DIRECTORS IN 13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12.  OFFICERS AND DIRECTORS IN 13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12.  OFFICERS AND DIRECTORS IN 12  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-2P  MIAMI BEACH FL  14. CITY-ST-2P  MIAMI BEACH FL  14. CITY-ST-2P  MIAMI BEACH FL  15.  OFFICERS AND DIRECTORS IN 12  14. CITY-ST-2P  MIAMI BEACH FL  16. CHange  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17.  OFFICERS AND DIRECTORS IN 12  18.  OFFICERS AND DIRECTORS IN 12  19.  OFFICERS AND DI	81 Name								
MIAMI FL 33130   B3	EI ARIC	A ANNUAL REPORT SERVICES	S INC		FLORI	DA ANNUAL REPORT SER	VICES, INC.		
MIAMI FL 33130    84			O NAO	2300 CORAL WAY SUITE # 200			Ö		
11. Pursuant to the provision 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 requirement agency, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered discovery requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of changing its registered office or requirements of the purpose of the appointment as registered office or requirements of the purpose of the purp				8	3				
SIGNATURE   Sign					MTAMT		<b>1</b> −L   3	3145 1	
SIGNATURE   Sign	11. Pursuant to	the provision; of Sections 607.050	2 and 607 1508, Florida Statute	s, the above	named como	ration submits this statement for the pur	pose of changing its r	registered office	
SIGNATURE   Sign	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 produced the obligations of Section £07.0504. Florida Statutes.								
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1 1 TITLE  NAME MORJAIN, JAKO  STREET ADDRESS 8777 COLLINS AVENUE  LITLE TD DELETE 2.1 TITLE  NAME , MORJAIN, CLARA 22 NAME  STREET ADDRESS 8777 COLLINS AVENUE  LITLE TD DELETE 2.1 TITLE  NAME , MORJAIN, CLARA 22 NAME  STREET ADDRESS 8777 COLLINS AVENUE  LITLE TD DELETE 2.1 TITLE  NAME , MORJAIN, CLARA 22 NAME  STREET ADDRESS 8777 COLLINS AVENUE  LITLE SD DELETE 3.1 TITLE  SD DELETE 3.1 TITLE  MAMI BEACH FL 2.4 GITY-ST-ZIP  MIAMI BEACH FL 3.2 NAME  STREET ADDRESS 1927 NE 119TH ROAD 3.3 STREET ADDRESS 102TY ST-ZIP  TITLE  NAME MORJAIN, SAMUEL 3.4 GITY-ST-ZIP  TITLE  NAME MORJAIN, SAMUEL 3.2 NAME  STREET ADDRESS 1927 NE 119TH ROAD 3.3 STREET ADDRESS 1927 NE 119TH ROAD 4.4 GITY-ST-ZIP  TITLE DELETE 4.1 TITLE  NAME STREET ADDRESS 1927 NE 119TH ROAD 4.4 GITY-ST-ZIP  TITLE DELETE 4.1 TITLE  NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 STREET ADDRESS 4.4 STREET ADDRESS 5.4 STREET ADDRESS 6.4 STREET	· \ \		(1) Al	MADA CA	ANTERA L	OPEZ.PRES			
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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 119.07(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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PAINTED HOME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)