

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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96 MAY -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

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

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

3. Date Incorporated or Qualified: 07/15/1963
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1008908
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 2300 CORAL WAY
22 Suite, Apt. #, etc.
23 City & State: MIAMI FLORIDA,
24 Zip: 33145 25 Country: US.
2a. Mailing Address: 26 2300 CORAL WAY
27 Suite, Apt. #, etc.
28 City & State: MIAMI FLORIDA,
29 Zip: 33145 30 Country: US.

9. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 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): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI FL 85 Zip Code: 33145

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 607.0503, Florida Statutes.

SIGNATURE: *Amada Cantera Lopez* AMADA CANTERA LOPEZ, PRES DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORJAIN, JAKO	
STREET ADDRESS	8777 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORJAIN, CLARA	
STREET ADDRESS	8777 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORJAIN, SAMUEL	
STREET ADDRESS	1927 NE 119TH ROAD	
CITY-ST-ZIP	NORTH MIAMI FL	
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	
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	

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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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jako Morjain* DATE: 5/29/96 DAYTIME PHONE #

CR2E034 (12/95)