SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 316906 RAINBOW TROPICAL INC Principal Place of Business Mailing Address 630 S.W. 36TH CT. 630 S.W. 36TH CT. P.O.B OX 520906 P.O.B OX 520906 MIAMI FL 33135-4126 MIAMI FL 33135-4126 3. Date Incorporated or Qualified 3a. Date of Last Report 05/18/1967 06/02/1995 2. Principal Place of Business 2a. Mailing Address 4 FELNumber Applied For 21 59-2855313 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Z_{PD} Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **ESCANDON, JOAQUIN 630 SW 36 COURT** Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33135** 83 City 84 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgriature, typed or printed has a of registered agent and title if applicable (NOTE Registered Agent signation required when recistaring) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)DELETE TITLE 111006 Change Addition NAME **ESCANDON, JOAQUIN** 1.2 NAM6 CR2E034 630 SW 36 COURT STREET ADDRESS 1.3 STREET ADDRESS MIAM!, FL 00000 CITY-ST-ZIP 1.4 City - SE- ZIP TITLE DELETE 2.1 TULE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADORESS CITY - ST - ZIP 2 4 CITY - ST- 2IP TITLE DELETE 3 1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY - ST - ZIP 34 CHTY - ST - ZiP TITLE DELETE 4 1 7.TLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CHY - ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 64 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 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 any filteer or directors in the deceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears is the contraction of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in 3 if changed, or on an attachment with an address 6/11/96 (304) 442-428 eaudou SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR