

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **414754** (2)
1. Corporation Name
SOUTHERN RAINBOW CORPORATION

Principal Place of Business 1767 N.W. 79TH AVE. MIAMI FL 33126	Mailing Address 1767 N.W. 79TH AVE. MIAMI FL 33126
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1972		3a. Date of Last Report 06/21/1994	
4. FEI Number 59-1438608		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	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

2. Principal Place of Business 21 1800 NW 89 Place City & State 22 Miami FL Zip 24 33172		2a. Mailing Address 26 1800 NW 89 Place City & State 27 Miami FL Zip 29 33172		Country 25 USA 30 USA	
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9. Name and Address of Current Registered Agent
**RUBIN, MICHAEL
420 SO DIXIE HWY
STE 4B
MIAMI FL 33146**

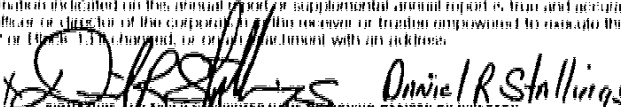
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1. TITLE	CONTROLLER ☒ Change ☐ Addition
NAME	SERRALLES, MARJORIE	2. NAME	VIVIAN ESPINOSA
STREET ADDRESS	1767 N.W. 79TH AVE.	3. STREET ADDRESS	1800 NW 89 Place
CITY, ST, ZIP	MIAMI, FL 00000	4. CITY, ST, ZIP	Miami, FL 33172
TITLE	P	2. TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	CALLE, CARLOS	2. NAME	STALLINGS, Daniel R
STREET ADDRESS	1767 NW 79TH AVE	3. STREET ADDRESS	1800 NW 89 Place
CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	Miami, FL 33172
TITLE	V	3. TITLE	Vice President ☒ Change ☐ Addition
NAME	BARMMER, JOHN C	3. NAME	Barmmer, John C
STREET ADDRESS	1767 NW 79TH AVE	4. STREET ADDRESS	1800 NW 89 Place
CITY, ST, ZIP	MIAMI FL	5. CITY, ST, ZIP	Miami, FL 33172
TITLE	C	4. TITLE	Chairman ☒ Change ☐ Addition
NAME	CAICEDO, HERNANDO	4. NAME	Caicedo, Hernando
STREET ADDRESS	1767 N.W. 79TH AVENUE	5. STREET ADDRESS	1800 NW 89 Place
CITY, ST, ZIP	MIAMI FL	6. CITY, ST, ZIP	Miami, FL 33172
TITLE		5. TITLE	
NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	
TITLE		6. TITLE	
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		7. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.07(3)(b), Florida Statutes. Further, I 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, changed, or added, as indicated with an address.

SIGNATURE:  **Daniel R Stallings** 3/20/95 305-592-5531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR