FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:31

DOCUMENT # 414754 (2)

1. Corporation Name
SOUTHERN RAINBOW CORPORATION

Principal Place of Business	Mailing Address
1767 N.W. 79TH AVE. MIAMI FL 33126	1767 N.W. 79TH AVE. MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1800 NW 89 Place	26 1800 NW 89 Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33172 · Country 25 USA	Zip 29 33172 · Country 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUBIN, MICHAEL 420 SO DIXIE HWY STE 4B MIAMI FL 33146	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 ______ (Registered Agent signature) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	CONTROLLER	☑ Change ☐ Addition
NAME	SERRALLES, MARJORIE	12 NAME	VIVIAN ESPINOSA	
STREET ADDRESS	1767 N.W. 79TH AVE.	13 STREET ADDRESS	1800 NW 89 Place	
CITY ST ZIP	MIAMI, FL 00000	14 CITY ST ZIP	Miami, FL 33172	
TITLE	P	21 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	CALLE, CARLOS	22 NAME	STALLINGS, Daniel R	
STREET ADDRESS	1767 NW 79TH AVE	23 STREET ADDRESS	1800 NW 89 Place	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, FL 33172	
TITLE	V	31 TITLE	Vice President	☑ Change ☐ Addition
NAME	BARMMER, JOHN C	32 NAME	Barmmer, John C	
STREET ADDRESS	1767 NW 79TH AVE	33 STREET ADDRESS	1800 NW 89 Place	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami, FL 33172	
TITLE	C	41 TITLE	Chairman	☑ Change ☐ Addition
NAME	CAICEDO, HERNANDO	42 NAME	Caicedo, Hernando	
STREET ADDRESS	1767 N.W. 79TH AVENUE	43 STREET ADDRESS	1800 NW 89 Place	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	Miami, FL 33172	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 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 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] Daniel R Stallings 3/20/95 305-592-5371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · Daytime Phone #

0124426 CP